

7007 1490 0001 4774 9013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

CA/FO
6/3/2010

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Postmark
Here

Total Postage **Tami L. Norgard, Esq.
Vogel Law Firm**

Sent To 218 NP Avenue - P. O. Box 1389
Street, Apt. N
or PO Box No
City, State, Zi Fargo, ND 58107-1389

DOCKET NO.: CWA-08-2009-0023

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JUN - 4 2010

Tami L. Norgard, Esq.
Vogel Law Firm
218 NP Avenue - P. O. Box 1389
Fargo, ND 58107-1389

DOCKET NO.: CWA-08-2009-0023

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

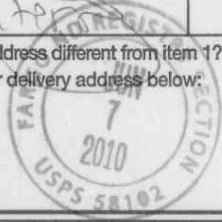
- Agent
- Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Num
(Transfer fr

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CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540