

7005 1820 0005 4855 7797

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

Postage	\$	12/13/07 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **Frank Bettman**
 1506 Mountain View Road, #101
 Rapid City, SD 57702

Sent to
 Street, Apt. No. or PO Box No. **DOCKET NO.: CWA-08-2007-0011**
 City, State, ZIP

PS Form 3811, June 2002 See Reverse for Instructions

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Jamy Williams</i></p> <p>B. Received by (Printed Name) <i>Jamy Williams</i> C. Date of Delivery <i>12/13/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: DEC 14 2007 F</p> <p>Frank Bettman 1506 Mountain View Road, #101 Rapid City, SD 57702</p> <p>DOCKET NO.: CWA-08-2007-0011</p>	<p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer to) 7005 1820 0005 4855 7797 CAFD</p>	