

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

7008 3230 0003 0728 0199

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

1/13/15

Postmark
Here

Total
 Michael Comstock, Owner
 Comstock Construction, Inc.
 280 South 11th Street
 Wahpeton, ND 58074

Sent To: _____
 Street, or PO Box: _____
 City, St: _____

DOCKET NO.: CWA-08-2015-0005

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:

Michael Comstock, Owner
 Comstock Construction, Inc.
 280 South 11th Street
 Wahpeton, ND 58074

DOCKET NO.: CWA-08-2015-0005

C

2. Article
(Trans)

7008 3230 0003 0728 0199

CAIRO

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Carla Laddusaw Agent
 Addressee

B. Received by (Printed Name) *Carla Laddusaw* C. Date of Delivery *01/24/15*

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

JAN 14 2015

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540