

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

7009 3410 0000 2595 5136

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

9/28/12

Postmark
Here

Total Po **Daniel B. Smith, President**
Smithco, Inc.
 Sent To 2501 13th Avenue Southwest, Suite 208
 Street, Apt or PO Box Fargo, ND 58103
 City, State,

DOCKET NO.: CWA-08-2012-0023

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:

Daniel B. Smith, President
Smithco, Inc.
 2501 13th Avenue Southwest, Suite 208
 Fargo, ND 58103

DOCKET NO.: CWA-08-2012-0023

G OCT - 1 2012

2. Article Number
 7009 3410 0000 2595 5136

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Addressee

B. Received by (Printed Name) *Daniel B Smith* C. Date of Delivery *OCT 1 2012*

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540