

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 0729 5841

Postage	\$	12.89110
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To: Sheila J. Gauje, Finance Officer City of Eagle Butte P. O. Box 150 Eagle Butte, SD 57625-0150		
DOCKET NO.: CWA-08-2010-0041		

PS Form 3806, August 2004 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>B. Received by (Printed Name) Mark Stettin</p> <p>C. Date of Delivery 1-4-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right; font-size: 1.2em;">DEC 29 2010</p> <p>Sheila J. Gauje, Finance Officer City of Eagle Butte P. O. Box 150 Eagle Butte, SD 57625-0150</p> <p>DOCKET NO.: CWA-08-2010-0041</p>	<p>2. Service Type</p> <p><input 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 No. (Transfer)</p> <p>7008 3230 0003 0729 5841</p>	<p><i>Order</i></p>