

7005 1820 0005 4855 7933

U.S. Postal ServiceSM
CERTIFIED MAILSM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage \$		01/31/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: **Volanda Bears Tail, Manager**
 Street PO: White Shield Rec Store
 Two Second Avenue West
 Rose Glen, ND 58775
 Street, Apt. No. or PO Box No.
 City, State, ZIP **DOCKET NO.: RCRA-08-2008-0002**

PS Form 3811, February 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Shirley Adams</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>2/7/08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: FEB 01 2008 C</p> <p>Volanda Bears Tail, Manager White Shield Rec Store Two Second Avenue West Rose Glen, ND 58775</p> <p>DOCKET NO.: RCRA-08-2008-0002</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 (Transit) RC</p> <p>7005 1820 0005 4855 7933</p>	<p>Extension</p>