

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE** *Order*

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

Total Fee: \_\_\_\_\_

Postmark Here: **5/13/2010**

Send to:  
 Recipient's Name:  
 Street Address:  
 City, State:

**Fred J. Schlanwer, Jr., Registered Agent**  
**Master Construction Co., Inc.**  
 1572 45<sup>th</sup> Street NW  
 P. O. Box 788  
 Fargo, ND 58107-0788

**DOCKET NO.: CWA-08-2009-0021**

7008 3230 0003 0729 5360

PS Form 3811, August 2004

**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:  
**MAY 14 2010**

**Fred J. Schlanwer, Jr., Registered Agent**  
**Master Construction Co., Inc.**  
 1572 45<sup>th</sup> Street NW  
 P. O. Box 788  
 Fargo, ND 58107-0788

**DOCKET NO.: CWA-08-2009-0021**

2. Article (Bar) **7008 3230 0003 0729 5360**

**PS Form 3811, February 2004**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressed

B. Received by (Printed Name) **Fred Schlanwer**

C. Date of Delivery

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

**FARGO ND 58102**  
**MAY 19 2010**

*order*

10204-02-M-1549