

PS Form 3811, February 2004
Domestic Return Receipt

2. Article Number
(Transfer from service label)
7005 1160 0005 3998 1168

4. Restricted Delivery? (Extra Fee) Yes No

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

1. Article Addressed to:
 David J. Paulson
 Northeast Ridge Develop. Co.
 16621 941 X Street, SE
 Hankinson, ND 58041
 Docket # CWA-08-2008-0007
 MAR 05 2008
 ENF-W

1. Attach Addressed to:
 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.

2. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 16676 941 X Street
 Hankinson ND 58041

3. Received by (Printed Name) _____
 C. Date of Delivery 3-5-08

A. Signature X *David J. Paulson*
 Agent
 Addressee

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

PS Form 3811, February 2004
Domestic Return Receipt

2. Article Number
(Transfer from service label)
7005 1160 0005 3998 1175

4. Restricted Delivery? (Extra Fee) Yes No

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

1. Article Addressed to:
 R.E.T. Smith, Esq.
 Smith, Streege & Fredericksen LTD
 321 Dakota Ave.
 Wahpeton, ND 58075
 Docket # CWA-08-2008-0009
 MAR 05 2008
 ENF-W

1. Attach Addressed to:
 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.

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

3. Received by (Printed Name) _____
 C. Date of Delivery 3/10

A. Signature X *Lemurarts*
 Agent
 Addressee

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

PG Form 3811, February 2004 Domestic Return Receipt 10235-02-000-1000	
2005 1160 0005 398 1182 (Transfer from service label)	
2. Article Number	
MAR 05 2008 Delivery # CMA-08-2008-0009 Blomark, MD 58501-1967 918 E. Divide Ave., 4th Floor Division of Water Quality North Dakota Dept. of Health Dennis Fewless, Director	
1. Article Addressed to:	
F.W.L. G	
■ 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:	
F.W.L. G	
■ 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.	
3. Service Type	
<input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail - Restricted <input type="checkbox"/> Registered Mail - Signature Required <input type="checkbox"/> Registered Mail - Signature Restricted <input type="checkbox"/> Registered Mail - Signature Restricted - Insured <input type="checkbox"/> Registered Mail - Signature Restricted - Insured - Restricted	
4. Restricted Delivery/ Extra Fee	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Is delivery address different from item 1?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
A. Signature	
X <i>Dennis Fewless</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	
<i>Dennis Fewless</i>	
C. Date of Delivery	
<i>3-10-08</i>	
COMPLETE THIS SECTION ON DELIVERY	
SEND: COMPLETE THIS SECTION	