

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**

7009 3410 0000 2599 1110

Postage	\$	6/24/11	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery (Endorsement Re)		<b>Sheila J. Ganje, Financial Officer</b> City of Eagle Butte 280 South Main Eagle Butte, SD 57625	
Total Postage		DOCKET NO.: CWA-08-2010-0041	
Sent To			
Street, Apt. No., or PO Box No.			
City, State, ZIP+4			

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  x <i>Sheila J. Ganje</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)  <i>Lynelle Buffalo</i></p> <p>C. Date of Delivery  <i>6-29-11</i></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: <i>JUN 27 2011</i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p><b>Sheila J. Ganje, Financial Officer</b>                      City of Eagle Butte                      280 South Main                      Eagle Butte, SD 57625</p> <p>DOCKET NO.: CWA-08-2010-0041</p> </div> <p style="text-align: center; font-size: 2em;">A</p>	<p>3. Service Type  <input checked="" 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article (Trans) <i>7009 3410 0000 2599 1110</i></p>	<p><i>CATFO</i></p>