

7009 3410 0000 2594 7773

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**

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

01/12/2012

Postmark  
Here

Total | **Michael C. Walker**  
**Crowley, Fleck PLLP**  
Sent To | 400 East Broadway, Suite 600  
Bismarck, ND 58502-2798  
Street, or PO Box |  
City, State | **DOCKET NO.: CWA-08-2011-0039**

PS Form 3800, August 2006

See Reverse for Instructions

**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:

**Michael C. Walker**  
**Crowley, Fleck PLLP**  
400 East Broadway, Suite 600  
Bismarck, ND 58502-2798  
**DOCKET NO.: CWA-08-2011-0039**

2. Article Number (M) **7009 3410 0000 2594 7773**

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Leslie Kriedeman*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 15 June

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

**JUN 12 2012**

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

4. Restricted Delivery? (Extra Fee)  Yes

CA/FO

102595-02-M-1540