

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2596 2325

Postage \$		5/24/2012
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Mr. Dale Little Soldier, President		
Total	Lake Sakakawea & Associates	
Sent to	3765 Highway 1806	
Street or PO	Mandan, ND 58554-8240	
City, State	DOCKET NO.: CWA-08-2011-0017	

Postmark Here

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:

Mr. Dale Little Soldier, President
 Lake Sakakawea & Associates
 3765 Highway 1806
 Mandan, ND 58554-8240
 DOCKET NO.: CWA-08-2011-0017

D

2. Article (Transit)

7009 3410 0000 2596 2325

Order

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Dale Little Soldier

C. Date of Delivery

6-2-12

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

MAY 25 2012

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540