

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>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X. K. Kuejere</i>	
	B. Received by (Printed Name) <i>K. Kuejere</i>	C. Date of Delivery <i>9/27/07</i>
1. Article Addressed to:  <b>SEP 24 2007 B</b>  THOMAS A. LARSON BRIGGS & MORGAN 2200 IDS CENTER 80 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55402  <i>ENF-L</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No  <b>CWA08-2007-0028</b>	
	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.	
2. Article Number (Transfer from service label)	7006 3450 0002 1975 8735	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-40-1040		

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:  TIM TOLLEFSRUD, DIRECTOR DIVISION OF ENVIRONMENTAL SERVICES SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES JOE FOSS BUILDING 523 EAST CAPITOL AVE. PIERRE, SD 57501  <i>ENF-L</i> <b>SEP 24 2007 D</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <i>PIERRE SD 57501</i> <b>SEP 26 2007</b> <b>CWA 08-2007-0023</b>	
	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.	
2. Article Number (Transfer from service label)	7006 3450 0002 1975 8742	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-40-1040		

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:  <b>SEP 24 2007 C</b>  JOHN MENARD, JR. ATTORNEY AND REGISTERED AGENT MENARD, INC. 4777 MENARD DRIVE EAU CLAIRE, WI 54703-9604  <i>ENF-L</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <b>CWA-08-2007-0023</b>	
	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.	
2. Article Number (Transfer from service label)	7006 3450 0002 1975 8728	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-40-1040		