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OFFICIAL USE

7009 3410 0000 2595 5532

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

4772003

Postmark
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To **Eric Bogue** *CWA-08-2011-0040*

By **Bogue & Bogue, LLP.**
 Butler Insurance Bldg. Suite 2
 104 West 1st Street/P. O. Box 250
 Faith, SD 57626-0250

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:

Eric Bogue
Bogue & Bogue, LLP.
 Butler Insurance Bldg. Suite 2
 104 West 1st Street/P. O. Box 250
 Faith, SD 57626-0250

CWA-08-2011-0040

2. Article Number

(Tra) 7009 3410 0000 2595 5532

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sara Hauser Agent
 Addressee

B. Received by (Printed Name) *Sara Hauser* C. Date of Delivery *01-25-13*

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

▶ JAN 17 2013

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

477 Order

PS Form 3811, February 2004

Domestic Return Receipt

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