

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

7008 3230 0003 0729 6848

Postage \$		8/13/10
Certified Fee		
Return Receipt Fee (Enrollment Required)		Postmark
Restricted Delivery Fee (Enrollment Required)		
Total Postage & Fees		
Send to	James R. Bullis Kyle G. Pender Montgomery, Guff & Bullis, P.C. P. O. Box 9199 Fargo, ND 58106-9199 DOCKET NO.: CWA-08-2009-0021	
Street Apt. No. or PO Box No.		
City, State, ZIP+4		

PS Form 3811, August 2004

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: Aug 13 2010

James R. Bullis
Kyle G. Pender
Montgomery, Guff & Bullis, P.C.
P. O. Box 9199
Fargo, ND 58106-9199
DOCKET NO.: CWA-08-2009-0021

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 8/13/10

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article No (Transfer): 7008 3230 0003 0729 6848 order