

**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**

Passage		Postmark here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

William Michael, Jr., Esq.  
 Dorsey & Whitney, LLP  
 50 South Sixth Street, Suite 1500  
 Minneapolis, MN 55402-1498  
 Docket No.: CAA-08-2010-0026

Sent To: \_\_\_\_\_  
 Street, Apt. or PO Box \_\_\_\_\_  
 City, State \_\_\_\_\_  
 PS Form 3811

7008 3230 0003 0726 5868

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> <p>1. Article Addressed to: <span style="float: right;">NOV 12 2010</span></p> <p style="text-align: center; font-weight: bold;">             William Michael, Jr., Esq.              Dorsey &amp; Whitney, LLP              50 South Sixth Street, Suite 1500              Minneapolis, MN 55402-1498              Docket No.: CAA-08-2010-0026           </p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>WJ</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>WJ</i> <span style="float: right;">11/15/10</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number        (Transfer from service label)</p>	<p>3. Service Type</p> <p> <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.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>

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