

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

51032010

Postage \$	
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total \$	

Postmark Here

Send To

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

Street or P.O. Box
 City, ST
 ZIP+4®

7008 1830 0000 5157 2434

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.5em;">MAY 3 2010</p> <p>James R. Bullis Kyle G. Pender Montgomery, Goff & Bullis, P.C. P. O. Box 9199 Fargo, ND 58106-9199 Docket NO. CWA-08-2009-0021</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Address</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p> <p><i>[Date]</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. 7008 1830 0000 5157 2434 extension</p>	