

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**

7008 3230 0003 0729 5681

|  |  |               |
|--|--|---------------|
| Postage \$                                     |  | Postmark Here |
| Certified Fee                                  |  |               |
| Return Receipt Fee (Endorsement Required)      |  |               |
| Restricted Delivery Fee (Endorsement Required) |  |               |
| To:  | <b>Gordon Poppins</b><br><b>d/b/a Gordy's Garage</b><br>27096 SD Highway 17<br>Tea, SD 57064 |               |
| DOCKET NO.:                                    | SDWA-08-2007-0088  |               |

PS Form 3811, August 2006 See Reverse for Instructions

|   |   |
|---|---|
| <p><b>SENDER: COMPLETE THIS SECTION</b></p> <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:</p> <p><b>Gordon Poppins</b><br/> <b>d/b/a Gordy's Garage</b><br/>                 27096 SD Highway 17<br/>                 Tea, SD 57064</p> <p><b>DOCKET NO.: SDWA-08-2007-0088</b></p> <p>OCT 15 2010 P</p> | <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Gordon Poppins</b></p> <p>C. Date of Delivery <b>10/15/10</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No<br/> <b>27096 Hwy 17 Ste.</b></p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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. Article (Transaction) <b>7008 3230 0003 0729 5681</b> <b>order</b></p>  |   |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>   |   |