

**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 CAUSE

Postage		8/3/08
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Post:</b>	<b>John K. Skavdahl</b> Skavdahl & Edmund P. O. Box 156 Harrison, NE 69346	
Street, Apt. / or PO Box #, City, State, ZIP	<b>DOCKET NO.: TSCA-08-2007-0013</b>	

PS Form 3811, August 2004 See Reverse for Instructions

7007 1490 0001 4785 6728

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:</p> <p style="text-align: center; font-size: 1.2em;">RC APR 04 2008 C</p> <p>John K. Skavdahl          Skavdahl &amp; Edmund          P. O. Box 156          Harrison, NE 69346</p> <p><b>DOCKET NO.: TSCA-08-2007-0013</b></p>	<p>A. Signature</p> <p style="font-size: 1.5em;"><i>[Handwritten Signature]</i></p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p style="font-size: 1.2em;"><i>J. Skavdahl</i></p> <p>C. Date of Delivery</p> <p style="font-size: 1.2em;"><i>8/4/08</i></p> <p>D. Is delivery address different from item 1? <input 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  <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 style="font-size: 1.2em;">7007 1490 0001 4785 6728</p> <p style="font-size: 1.5em; font-weight: bold;">CAUSE</p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt <span style="margin-left: 20px;">102595-01-01-1540</span></span></p>	