

7009 3410 0000 2599 1295

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endors)	

6/13/2011

Postmark
Here

Mr. Robert Beadle
Beadle Ford, Inc., and Beadle's Chrysler Center
5023 South Fourth Avenue
Bowdle, SD 57428

Sent To
Street,
or PO
City, St

DOCKET NO.: SDWA-08-2010-0084

PS Form 3800, August 2006 See Reverse for Instructions

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:

Mr. Robert Beadle
Beadle Ford, Inc., and Beadle's Chrysler Center
5023 South Fourth Avenue
Bowdle, SD 57428

DOCKET NO.: SDWA-08-2010-0084

JUN 13 2011

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Clayton Hoven Agent Addressee

B. Received by (Printed Name) **CLAYTON HOVEN** C. Date of Delivery **6-15-11**

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

PO Box 130

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 Number (7) **7009 3410 0000 2599 1295**

order to withdraw

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540