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PS Form 3800, August 2006 See Reverse for Instructions

order

11/01/11

Michael C. Waller
Crowley, Fleck PLLP
 400 East Broadway, Suite 600
 Bismarck, ND 58502-2798

DOCKET NO.: CWA-08-2011-0039

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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Leslie Kriedeman</i></p> <p>B. Received by (Printed Name) <i>Leslie Kriedeman</i></p> <p>C. Date of Delivery <i>11-1-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p><i>E</i></p>
<p>1. Article Addressed to: <i>NOV - 1 2011</i></p> <p>Michael C. Waller Crowley, Fleck PLLP 400 East Broadway, Suite 600 Bismarck, ND 58502-2798</p> <p>DOCKET NO.: CWA-08-2011-0039</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>2. Article (Trans. <i>order</i>) <i>7009 3410 0000 2595 1374</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>