

Proof of Service

| 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. | A. Signature <input checked="" type="checkbox"/> <i>Kim Vachal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: CURTIS VACHAL, PRESIDENT MON-DAK WATER & SEPTIC SERVICE LLC 9238 56TH ST., NW ROSS, ND 58776 | B. Received by (Printed Name) <i>Kim Vachal</i> C. Date of Delivery |
| (M) SEP - 6 2012 CWA-08-2012-6030 | D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) | 3. Service Type <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. |
| PS Form 3811, February 2004 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7009 3410 0000 2594 9029 Domestic Return Receipt 102595-02-M-1540 |

9/18/2012

Judith M. McTernan