

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

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

OFFICIAL CAUSE

Postage \$ _____ Certified Fee _____ Return Receipt Fee <small>(Endorsement Required)</small> Restricted Delivery Fee <small>(Endorsement Required)</small> Total Posts	<div style="font-size: 2em; font-weight: bold; text-align: center;">12/13/07</div> <div style="text-align: center;">Postmark Date</div>
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7005 1820 0005 4855 7780

Sent to **Edward C. Carpenter**
 Costello, Porter, Hill, Heisterkamp, Bushnell
 and Carpenter, LLP.
 P. O. Box 290
 Rapid City, SD 57709
DOCKET NO.: CWA-08-2007-0011

PS Form 3808, June 2002

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>1. Article Addressed to:</p> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">RC DEC 14 2007</p> <p>Edward C. Carpenter Costello, Porter, Hill, Heisterkamp, Bushnell and Carpenter, LLP. P. O. Box 290 Rapid City, SD 57709 DOCKET NO.: CWA-08-2007-0011</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>J. Brown</i></p> <p>B. Received by (Printed Name)</p> <p><i>J. Brown</i></p> <p>C. Date of Delivery</p> <p><i>12/02/07</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>2. 7005 1820 0005 4855 7780 <i>CA/FO</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 100295-02-M-1540</p>	