

**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 USE**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postage \$</td> <td style="width: 50%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee <small>(Postage and Insurance Required)</small></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee <small>(Postage and Insurance Required)</small></td> <td></td> </tr> <tr> <td>Total <small>Postage &amp; Fees</small> \$</td> <td></td> </tr> </table>	Postage \$		Certified Fee		Return Receipt Fee <small>(Postage and Insurance Required)</small>		Restricted Delivery Fee <small>(Postage and Insurance Required)</small>		Total <small>Postage &amp; Fees</small> \$		Purchase Mark
Postage \$											
Certified Fee											
Return Receipt Fee <small>(Postage and Insurance Required)</small>											
Restricted Delivery Fee <small>(Postage and Insurance Required)</small>											
Total <small>Postage &amp; Fees</small> \$											

**John S. Steinberger, Jr., Esq.**  
**Attorney at Law**  
**P.O. Box 566**  
**Kenmare, ND 58746-0566**  
**CAA-08-2010-0032**

7008 3230 0003 0726 5820

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: right; margin-right: 50px;">NOV 12 2010</p> <p><b>John S. Steinberger, Jr., Esq.</b>  <b>Attorney at Law</b>  <b>P.O. Box 566</b>  <b>Kenmare, ND 58746-0566</b>  <b>CAA-08-2010-0032</b></p>	<p>A. Signature <span style="float: right;"><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><span style="float: right;">11-15-10</span></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>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: right; font-weight: bold;">7008 3230 0003 0726 5820</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>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-04-10-00</span></p>