

7007 0710 0000 8015 0826

U.S. Postal Service  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To **MR GARY LOUDNER**

Street, A or PO Box **PO BOX 204**

City, Sta **BLACK HAWK SD 57718-0204**

PS Form 3800, June 2010 PSN 7530-01-000-9000 U.S. POSTAL SERVICE