

7005 3110 0000 3560 5813

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 USE

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

Postmark
Here

Sent To *Mr Gary Ludner*
 Street, Apt. No., or PO Box No. *Box 204*
 City, State, ZIP+4 *Black Hawk, SD 57718-0204*

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
Mr Gary Ludner
PO Box 204
Black Hawk, SD
57718-0204

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mr Gary Ludner* Agent Addressee

B. Received With Printed Name: *GARY LUDNER* C. Date of Delivery: *NOV 5 2008*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SCHOOL & PUBLIC LANDS
STATE OF SOUTH DAKOTA

3. Service type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes