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:

Glenda Walton, Registered Agent
Dockmaster Inc.
517 Cleveland St. SW
Ronan, MT 59864-2906

D

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Glenda Y. Walton ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Glenda L. Walton
C. Date of Delivery 11-18-10

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

D

NOV 16 2010

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7009 3410 0000 2593 8450

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Received 11/15/10 (1st Mailing Returned)

docket no. CWA-08-2011-0002

Peggy Livingston Case