

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

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

OFFICE CALIFORNIA

7007 1490 0001 4785 6964

Postage	\$	2/15/08
Certified Fee		Postmark Here
Return Receipt Fee (Enrollment Required)		
Restricted Delivery Fee (Enrollment Required)		
Total Postage		
Send to:	Steven R. Bequart	
Street, Apt. No., or PO Box No.	d/ba Steve's Auto Body	
City, State, ZIP	1648 U. S. Hwy, 2N Troy, MT 59935-9702	
	DOCKET NO.: SDWA-08-2007-0090	

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>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MIKE LEE</p> <p>C. Date of Delivery 2/7/08</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><i>RC FEB 05 2008</i></p> <p>Steven R. Bequart d/ba Steve's Auto Body 1648 U. S. Hwy 2N Troy, MT 59935-9702</p> <p>DOCKET NO.: SDWA-08-2007-0090</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. Article (Post) 7007 1490 0001 4785 6964</p>	<p><i>CA/FO</i></p>