

7008 1830 0000 5157 2380

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	\$	03/17/2010	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total P.	Douglas C. Allan, Attorney at Law		
Sent To		P. O. Box 873	
Street, Ap. or PO Box		Shelby, MT 59474	
City, State		DOCKET NO.: CWA-08-2009-0006	

PS Form 3800, August 2006

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:

MAR 18 2010

Douglas C. Allan, Attorney at Law
P. O. Box 873
Shelby, MT 59474

DOCKET NO.: CWA-08-2009-0006

2. Article Num

7008 1830 0000 5157 2380

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X T. Frydenlund Agent Addressee

B. Received by (Printed Name)

T. Frydenlund

C. Date of Delivery

3/22

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540