

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

12/23/09

| | | |
|--|--|---|
| Postage \$ | | Return Receipt Fee <small>(Reimbursement Required)</small> |
| Certified Fee | | |
| Restricted Delivery Fee <small>(Extra)</small> | | |
| Recipient Name Douglas C. Allan Attorney at Law P. O. Box 873 Shelby, MT 59474 DOCKET NO.: CWA-08-2009-0006 | | |
| Return Address City, State, ZIP+4® | | |

PS Form 3811, August 2004 See Reverse for Instructions

7006 1830 0000 5157 2304

| 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>1. Article Addressed to: DEC 23 2009</p> <p>Douglas C. Allan Attorney at Law P. O. Box 873 Shelby, MT 59474 DOCKET NO.: CWA-08-2009-0006</p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">GT</p> | <p>A. Signature T. Frydenlund <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) T. Frydenlund</p> <p>C. Date of Delivery 1/14/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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 (Item) 7006 1830 0000 5157 2304 order</p> | |