

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

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**OFFICIAL USE** *notice 4 order*

7005 1820 0005 4855 7667

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Fee		
Sent To	<b>Elizabeth A. O'Halloran</b> Milodragovich, Dale, Steinhilber & Nygren, P.C. P. O. Box 4947 Missoula, MT 59806-4947	
Street, Ap or PO Box		
City, State	<b>DOCKET NO.: SDWA-08-2007-0094</b>	

*11/13/07*

Postmark  
here

PS Form 3811, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>M. Castonguay</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>M. CASTONGUAY</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>11-19-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>NOV 14 2007 B</i></p> <p><b>Elizabeth A. O'Halloran</b>                  Milodragovich, Dale, Steinhilber &amp; Nygren, P.C.                  P. O. Box 4947                  Missoula, MT 59806-4947</p> <p><b>DOCKET NO.: SDWA-08-2007-0094</b></p>	<p>2. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 Number (Transfer from)</p> <p><i>RC</i></p> <p><b>7005 1820 0005 4855 7667</b> <i>notice 4 order</i></p>	