

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7005 0390 0000 4848 3593

**Sent To** Mr. Bryce L Shriver, President  
**Street, or PO E** PPL Montana LLC.  
**City, St** 300 N. Broadway, Suite 400  
 Billings, MT 59101-1255  
**PS Form** Docket No: CWA-08-2008-0010 / 0011

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 style="text-align: right; font-weight: bold;">SLO</p> <p>A. Signature  <input checked="" type="checkbox"/> <i>Lauren Dienne</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>LAUREN DIENNE</i> <span style="float: right;">1/14/08</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; text-align: center;">AC H</p> <p><b>Mr. Bryce L Shriver, President</b>  <b>PPL Montana LLC.</b>  <b>300 N. Broadway, Suite 400</b> JAN 14 2008  <b>Billings, MT 59101-1255</b>  <b>Docket No: CWA-08-2008-0010 / 0011</b></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 Number        (Transfer from se)</p>	<p style="text-align: center; font-size: 1.2em;">7005 0390 0000 4848 3593</p> <p style="text-align: right; font-size: 1.2em; font-weight: bold;">CA/FO</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	