

7008 3230 0003 0729 5278

**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 CAUSE**

Postage	\$	4/20/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>	<b>Mr. Charles Murray, Owner</b>	
Item #	Winston Bar	
Street	P. O. Box 406-208	
City, St.	Winston, MT 59647-0208	
DOCKET NO.:	SDWA-08-2010-0008	

PS Form 3811, August 2004 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:

**APR 20 2010**

Mr. Charles Murray, Owner  
Winston Bar  
P. O. Box 406-208  
Winston, MT 59647-0208

DOCKET NO.: SDWA-08-2010-0008

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Address

*Charles Murray*

B. Received by (Printed Name) C. Date of Delivery

*Laura Murray* *4-22-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

*P.O. Box 470 208  
Winston, MT  
59647-0208*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes