

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>A. Signature <input checked="" type="checkbox"/> <i>Glenda Y. Walton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Glenda Walton, Registered Agent Dockmaster Inc. 517 Cleveland St. SW Ronan, MT 59864-2906</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Glenda L. Walton</i> <i>11-18-10</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><i>D</i></p> <p>NOV 16 2010</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <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>7009 3410 0000 2593 8450</p> <p>Domestic Return Receipt (151) (11/15/10) (10259502-M-1540)</p> <p><i>Returned (151) (11/15/10) (10259502-M-1540)</i></p>

docket no. CWA-08-2011-0002

Peggy Livingston Case