

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

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OFFICIAL USE

7009 3410 0000 2596 2271

Postage	\$	06/11/12
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	Roosevelt County	
Sent to	112 Main Street	
Street or PO	Wolf Point, MT 59201	
City, State	DOCKET NO.: RCRA-08-2012-0002	

PS Form 3800, August 2006 See Reverse for Instructions

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. 	A. Signature <input checked="" type="checkbox"/> <i>Amy K Keller</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	1. Article Addressed to: Gerald M Schuster, Deputy County Attorney Roosevelt County 112 Main Street Wolf Point, MT 59201 DOCKET NO.: RCRA-08-2012-0002 A JUN 12 2012	B. Received by (Printed Name) <i>Amy K Keller</i>
2. Article Number 7009 3410 0000 2596 2271	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540