

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: Doc # SOWA-08-2008-0002

Richard Opper, Director
 MT Dept. of Env. Quality
 1520 E. Sixth Ave
 P.O. Box 200901
 Helena, MT 59620-0901

8ENF-W OCT 11 2007

2. 7005 0390 0000 4846 6923
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

State Mail Services

Agent

Addressee

B. Received by (Printed Name) MAA... C. Date of Delivery OCT 15 2007

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

OCT 10 2007

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