

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7008 1630 0000 5157 4438

Postage	\$		Postmark None
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	0	
Sent To	Richard L. Beatty		
Street, or P.O. Box	Attorney at Law		
City, St.	153 Main Street		
	Shelby, MT 59474		
	Docket No.: CWA-08-2009-0006		
PS Form			

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:

AUG 20 2009

Richard L. Beatty
 Attorney at Law
 153 Main Street
 Shelby, MT 59474
 Docket No.: CWA-08-2009-0006

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Richard Beatty* Agent Addressee

E. Received by (Printed Name) *Richard Beatty*

C. Date of Delivery *8-24-09*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: *PO Box 904
 Shelby MT 59474*

2. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 1630 0000 5157 4438**

PS Form 3811, February 2004 Domestic Return Receipt 10296-02-00-1040