

ID NOV 2014 PM 1



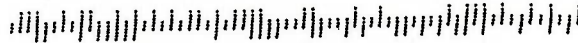
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

*Docket # CWA-08-2015-0015*

US EPA Region 8  
MC ENF-L  
1595 Wynkoop Street  
Denver, Colorado 80202-1129

*Harrell*



**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:

**G. Ron Pierce, Registered Agent  
Geo. R. Pierce, Inc.  
P.O. Box 80707  
Billings, MT 59108-0707  
Docket No.: CWA-08-2015-0001**



NOV 05 2014

2. Article Number

(Transfer from service label)

7008 3230 0003 0726 0337

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Signature]*

Agent

Addressee

B. Received by (Printed Name)

*Ron Settehold*

C. Date of Delivery

*11/10/14*

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