

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7007 1490 0001 4785 7039

Postage	\$	4124108
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

Total P **Elizabeth A. O'Halloran**  
 Milodragovich, Dale, Steinbrenner & Nygren, PC  
 P. O. Box 4947  
 Missoula, MT 59806-4947

Sent To  
 Street, A  
 or PO B.  
 City, Sta

**DOCKET NO.: SDWA-08-2007-0094**

PS Form 3800, August 2005

See Reverse for Instructions

**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: **APR 25 2008**

**Elizabeth A. O'Halloran**  
 Milodragovich, Dale, Steinbrenner & Nygren, PC  
 P. O. Box 4947  
 Missoula, MT 59806-4947

**DOCKET NO.: SDWA-08-2007-0094**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **mCASTONGUAY** C. Date of Delivery **4/29/08**

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

2. Article Number **7007 1490 0001 4785 7039**  
 (Transfer from serial)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

*Order*