

**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**

Postage	\$		
Certified Fee			10/23/07
Return Receipt Fee (Endorsement Required)			Postmark Here
Restricted Delivery Fee (Endorsement Required)			

Total Postage

Item To: **Kenneth A. Sugden, Registered Agent for/  
Flathead Electric Cooperative, Inc.  
2510 U. S. Hwy. 2 East  
Kalispell, MT 59901**

Street, Apt. No. or PO Box No.  
City, State, ZIP

DOCKET NO.: TSCA-08-2007-0006

7005 1820 0005 4855 8848

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: right; font-size: 1.5em; margin-right: 50px;">OCT 23 2007</p> <p><b>Kenneth A. Sugden, Registered Agent for/ Flathead Electric Cooperative, Inc. 2510 U. S. Hwy. 2 East Kalispell, MT 59901</b></p> <p>DOCKET NO.: TSCA-08-2007-0006</p> <p style="font-size: 1.5em; margin-left: -100px;">RC</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X Pam Keith</b></p> <p>B. Received by (Printed Name)</p> <p><b>Pam Keith</b></p> <p>C. Date of Delivery</p> <p><b>10/23/07</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer From)    <b>7005 1820 0005 4855 8848</b>    <b>QRS</b></p>	
<p>PS Form 3811, February 2004    Domestic Return Receipt    10250-02-00-0040</p>	