

**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 # SDWA 08 2008 0006

Charles Murray  
Winston Bar  
PO Box 406-208  
Winston, MT 590647-0208

8ENF-W NOV 13 2007 J

7006 3450 0002 2006 0049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
Charles Murray  Addressee

B. Received by (Printed Name) LAURA MURRAY C. Date of Delivery 11/17/07

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

**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 # SDWA 08 2008 0006

Richard Opper, Director  
M.DEQ.  
1520 E. Sixth Avenue  
P.O. Box 200901  
Helena, MT 59620-0901

8ENF-W NOV 13 2007 G

7006 3450 0002 2006 0032

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
State Mail Services  Addressee

B. Received by (Printed Name) Richard Opper C. Date of Delivery NOV 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