

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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OFFICIAL USE

01/27/09

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Payment</b>		

**Sent To**  
 Douglas M. Forest, Registered Agent  
 Mr. Green Lawn Care, Inc.  
 2311 13<sup>th</sup> Street South  
 Great Falls, MT 59405

**Street, Apt. or PO Box**  
**City, State**  
 DOCKET NO.: SDWA-08-2008-0114

PS Form 3800, August 2006 See Reverse for Instructions

7007 1490 0001 4774 8948

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: center; font-size: 1.2em; margin-left: 100px;">JAN 27 2009</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Douglas M. Forest, Registered Agent          Mr. Green Lawn Care, Inc.          2311 13<sup>th</sup> Street South          Great Falls, MT 59405</p> <p>DOCKET NO.: SDWA-08-2008-0114</p> </div> <p>2. Article Number  <small>(Transfer from)</small> <span style="font-size: 1.2em; margin-left: 50px;">7007 1490 0001 4774 8948</span></p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery 1/29/09</span></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input 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>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	