

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	9/23/11
Certified Fee		
Return Receipt Fee (Endorse)		

Postmark Here

Restrict (Endorse)

Total F

Sent To

Street, Apt. No. or PO Box No.

City, State, ZIP+4

**Joshua Townsley, Operator
 Fazooli's Family Italian
 105 Blacktail Road
 Lakeside, MT 59922
 DOCKET NO. SDWA-08-2011-0022**

PS Form 3800, August 2006 See Reverse for Instructions

7009 3410 0000 2594 7933

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: **SEP 21 2011**

**Joshua Townsley, Operator
 Fazooli's Family Italian
 105 Blacktail Road
 Lakeside, MT 59922
 DOCKET NO. SDWA-08-2011-0022**

2. Article (Trace) **7009 3410 0000 2594 7933**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) **Alina Novell**

C. Date of Delivery **9-23-11**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CA/FO

102595-02-M-1540