

7008 3230 0003 0729 5834

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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Postage	\$	11/17/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorse)		
<b>Total P</b> Treveor Schaefer, General Manager Montana Eagle Development, LLC. 7135 Highway 93 South, Suite C Lakeside, MT 59922		
Sent To Street, A or PO Box City, State, ZIP		
<b>DOCKET NO.: CWA-08-2010-0038</b>		

PS Form 3800, August 2006 See Reverse for Instructions

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>A. Signature  <input checked="" type="checkbox"/> <i>Treveor Schaefer</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lori Giardinio</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <b>NOV 17 2010</b></p> <p>Treveor Schaefer, General Manager          Montana Eagle Development, LLC.          7135 Highway 93 South, Suite C          Lakeside, MT 59922</p> <p><b>DOCKET NO.: CWA-08-2010-0038</b></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>2. Article (Transit) <b>7008 3230 0003 0729 5834</b></p>	<p style="text-align: right; font-size: 1.2em;"><i>Amended FO</i></p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540