

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

7008 3230 0003 0730 0170

OFFICIAL ORDER

Postage	\$	4/9/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Recommended)		
Restricted Delivery Fee (Endowment Required)		
Total		

Send To:
 (Print) of P.O. #
 City, St.
 PS Form

Douglas C. Allan
 Attorney at Law
 P.O. Box 873
 Shelby, MT 59474
 Docket No.: CWA-08-2009-0006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A: Signature <i>X.T. Fruydenlund</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B: Received by (Printed Name) <i>T. Fruydenlund</i></p> <p>C: Date of Delivery <i>4/13</i></p> <p>D: Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: APR 9 2010</p> <p>Douglas C. Allan Attorney at Law P.O. Box 873 Shelby, MT 59474 Docket No.: CWA-08-2009-0006</p>	<p>3. Service Type <input 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 Number (Transfer from service label)</p>	<p>7008 3230 0003 0730 0170 <i>Order</i></p>