

7009 3410 0000 2595 5471

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	\$	12/4/12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total Pos **Niki Smoker, Owner**
Horseshoe Bar
 Sent To P. O. Box 432 57777 Hwy. 2
 Frazer, MT 59225
 Street, Apt. or PO Box |
 City, State, |
DOCKET NO.: SDWA-08-2011-0043

PS Form 3800, August 2006 See Reverse for Instructions

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: **DEC 5 2012**

Niki Smoker, Owner
Horseshoe Bar
 P. O. Box 432 57777 Hwy. 2
 Frazer, MT 59225
DOCKET NO.: SDWA-08-2011-0043

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **NIKI SMOKER** C. Date of Delivery **12/7/12**

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

2. 7009 3410 0000 2595 5471

order