

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

US EPA REGIONS 1595 Wynkoop Street Denyer, CO 80202-1129

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- 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:

Dana Leach Montana Refining Company, Inc. 1900 Tenth Street North East Great Falls, MT 59404-0000

COMPLET	TE THIS SE	CTION ON	DELIVERY

A. Signature X

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 4-25-11

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

2. Article Number

(Transfer from service label)

7008 3230 0003 0726 8159

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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Sender; Please print your name, address, and ZIP+4 in this box • The US EPA REGION 8
1595 Wynkoop Street
Denver, CO 80202-1129

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(New)

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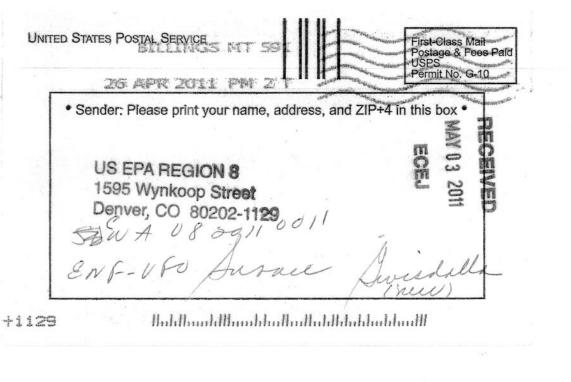
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X		
Article Addressed to:  APR 2 1 2011  Richard Kines, Registered Agent Montana Refining Company, Inc.			
1900 Tenth St., NE Great Falls, MT 59404	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.		
0	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number 7008 3	230 0003 0726 8142		

(Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004



SENDER: COMPLETE THIS SECTION	COMPLETE THE CO			
<ul> <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>	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from item 12  If YES, enter delivery address below:			
1. Article Addressed to:  Catherine Laughner, Attorney Browning, Kalexzyc, Berry & Hoven, P. C.	If YES, ditter convey			
801 West Main Street, Suite 2A Bozeman, MT 59715-3358	3. Service Type Certified Mail Registered Insured Mail C.O.D.			
×	4. Restricted Delivery? (Extra Fee)			
2. Article Number	104 1350 0001 5669 4225			
(Transfer from service label)	102595-02-M-1540			
PS Form 3811, February 2004 Domestic Re	Stuff Hoods			