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Total Postage & Fees \$	5	

Send to:  
 Street/AV/PO Box  
 City, State, ZIP+4®

Michael L. Rubich, P.E.,  
 Superintendent  
 City of Billings Wastewater  
 Treatment Plant  
 P. O. Box 30958  
 Billings, MT 59111  
 Docket No: CAA-08-2009-0027

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>* <i>Maurice Kaul</i></p> <p>B. Received by (Printed Name) <i>Maurice Kaul</i> C. Date of Delivery <i>7/17/09</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: <i>JUL 01 2009</i></p> <p>Michael L. Rubich, P.E.,                      Superintendent                      City of Billings Wastewater                      Treatment Plant                      P. O. Box 30958                      Billings, MT 59111                      Docket No: CAA-08-2009-0027</p>	<p>3. Service Type</p> <p><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 <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) <i>2</i></p> <p>7008 3230 0003 0731 4573</p>	<p><i>CAITO</i></p>