

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:

Kirk and Cathy Eakin
2598 Shaman Drive
Helena, Montana 59601

OCT 20 2009

CERCLA-08-2009-0006

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Cathy Eakin Addressee

B. Received by (Printed Name) Date of Delivery
Cathy Eakin *10/27/09*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Express Mail

Certified Mail Return Receipt for Merchandise

Registered C.O.D.

Insured Mail Yes

2. Article Number (Transfer from service label) 7008 3230 0003 0730 0071

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<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 <input checked="" type="checkbox"/> <i>Kirk W. Eakin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>9/25/09</i></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:</p> <p style="text-align: right;"><i>SEP 25 2009</i></p> <p>Kirk and Cathy Eakin 3440 Rimini Road Helena, MT 59601</p> <p><i>Docket # Cercle 08 - 2009 - 0006</i></p>	<p>3. Service Type</p> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<p><i>7008 3230 0003 0726 8661</i></p>	

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<p>1. Article Addressed to: <i>SEP 26 2009</i></p> <p>Kirk and Cathy Eakin 2598 Shaman Drive Helena, MT 59601</p> <p><i>Docket # Circle-08-2009</i></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>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)</p>	<p><i>7008 3230 0003 0726 8678</i></p>