

**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

7007 1490 0001 4785 6674

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

03/18/08

Postmark
Here

Total

Elizabeth A. O'Halloran
Milodragovich, Dale, Steinbrenner & Nygren, P.C.

Sent Milodragovich, Dale, Steinbrenner & Nygren, P.C.
P. O. Box 4947
Street or PO Missoula, MT 59806-4947
City, State

DOCKET NO.: SDWA-08-2007-0094

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: **MAR 18 2008**

Elizabeth A. O'Halloran
Milodragovich, Dale, Steinbrenner & Nygren, P.C.
P. O. Box 4947
Missoula, MT 59806-4947

DOCKET NO.: SDWA-08-2007-0094

N

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) Agent
MCACTONWAY Addressee

C. Date of Delivery
3-23-08

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. Article (Tra) 7007 1490 0001 4785 6674

order

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540