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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Post: **Joseph Loncki, Business Manager**
Roman Catholic Bishop of Great Falls, MT
P. O. Box 1399
Great Falls, MT 59405

Street, Apt. or PO Box #
City, State

DOCKET NO.: CWA-08-2010-0012

PS Form 3811, August 2008 See Reverse for Restrictions

412210

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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"/> Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) STEPHEN</p> <p>C. Date of Delivery 4/26/10</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">APR 22 2010</p> <p>Joseph Loncki, Business Manager Roman Catholic Bishop of Great Falls, MT P. O. Box 1399 Great Falls, MT 59405</p> <p>DOCKET NO.: CWA-08-2010-0012</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"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article # (Transfer) 7008 3230 0003 0729 5315</p>	<p>CAIFD</p>