

7008 3230 0003 0726 3345

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

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

9/30/13

Postmark
Here

To: **Jon M. Hesse**
City Attorney, Town of Neihart
P. O. Box 1078/411 East Callender Street
Livingston, MT 59047-1078
DOCKET NO.: SDWA-08-2013-0054

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: 9-30-13

Jon M. Hesse
City Attorney, Town of Neihart
P. O. Box 1078/411 East Callender Street
Livingston, MT 59047-1078
DOCKET NO.: SDWA-08-2013-0054

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee
Jon M. Hesse

B. Received by (Printed Name) Agent
Jon M. Hesse C. Date of Delivery
10/4

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 (Transit) 7008 3230 0003 0726 3345

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540