

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7008 3230 0003 0728 0175

OFFICIAL USE
Notice Order

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

113115

Postmark
Here

Total Postage: **Tom Davis, President**
Beaverhead-Jackson Water & Sewer District
 P. O. Box 792
 Jackson, MT 59736

Sent To: **DOCKET NO.: SDWA-08-2014-0048**

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:

Tom Davis, President
Beaverhead-Jackson Water & Sewer District
 P. O. Box 792
 Jackson, MT 59736

DOCKET NO.: SDWA-08-2014-0048

B

2. Article Number (Transfer from) **7008 3230 0003 0728 0175**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Tom Dawson

B. Received by (Printed Name) *Delita Dawson* C. Date of Delivery *01/18/15*

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

JAN 14 2015

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Notice Order