

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

7008 3230 0003 0726 3413

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

Postmark
Here

To: **Mick Cheff, President**
Jore Corporation
 Ser: 34837 Innovation Drive
 Str or F: Ronan, MT 59864
 City: **DOCKET NO.: CWA-08-2014-0002**

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:
OCT 29 2013 K

Mick Cheff, President
Jore Corporation
 34837 Innovation Drive
 Ronan, MT 59864
DOCKET NO.: CWA-08-2014-0002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent Addressee

B. Received by (Printed Name)
Kim Johnson

C. Date of Delivery
10-31-13

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 I
 (Transfer) **7008 3230 0003 0726 3413**

CAIFD