

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 0727 6956

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

9/11/15

Postmark
Here

Restricted Deliver
(Endorsement Req)

Total Postage &

George R. Pierce
 P. O. Box 80707
 Billings, MT 59108-0707

Sent To

DOCKET NO.: CWA-08-2015-0021

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

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:

George R. Pierce
 P. O. Box 80707
 Billings, MT 59108-0707

DOCKET NO.: CWA-08-2015-0021

SEP 12 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

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 (Trans) 7008 3230 0003 0727 6956

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540