

7012 2210 0000 5370 1988

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

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OFFICIAL USE

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

CAPO 8/19/16
Postmark Here

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

PS Form 3800, RCRA-08-2016-0006

Jeff Presser, President
 High Plains Motors, Inc.
 331 Front Street
 Wolf Point, MT 59201
 RCRA-08-2016-0006

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Jeff Presser, President High Plains Motors, Inc. 331 Front Street Wolf Point, MT 59201 RCRA-08-2016-0006</p>		<p>B. Received by (Printed Name) _____ Date of Delivery <u>8/22/16</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>A AUG 19 2016 CAPO</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7012 2210 0000 5370 1988</p>		<p>7012 2210 0000 5370 1988</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	