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OFFICIAL USE

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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Postmark
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CAPO

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

Dennis Ost
Harvey Ost Oilfield Services, LLC
PO Box 1509
Malta, MT 59538
RCRA-08-2016-0007

PS Form 3800, A

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 <i>Paula Ost</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Paula Ost</i> C. Date of Delivery <i>9-9-16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>9-9-16</i></p>
<p>1. Article Addressed to:</p> <p>Dennis Ost Harvey Ost Oilfield Services, LLC PO Box 1509 Malta, MT 59538 RCRA-08-2016-0007</p> <p><i>B</i> <i>AUG 29 2016</i> <i>CAPO</i></p>	<p>3. Service Type <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>2. Article Number (Transfer from service label)</p>	<p>7012 2210 0000 5367 5197</p>
PS Form 3811, February 2004	Domestic Return Receipt
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