

U.S. Postal ServiceSM
CERTIFIED MAILSM RECEIPT
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OFFICIAL USE

7007 1490 0001 4765 7022

Postage \$		03/06/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Title	Thane Johnson	
Street	Attorney for Respondent Glacier Well Service	
Street or P.O.	P. O. Box 2791	
City, St.	Columbia Falls, MT 59912	
	DOCKET NO.: SDWA-08-2007-0091	
PS Form 3800, August 2006 See Reverse for Instructions		

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"/> Nancy Johnson <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Nancy Johnson G. Date of Delivery 3-17-08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Thane Johnson Attorney for Respondent Glacier Well Service P. O. Box 2791 Columbia Falls, MT 59912</p> <p>DOCKET NO.: SDWA-08-2007-0091</p> <p>MAR 07 2008</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>2. Article to (Transfer) 7007 1490 0001 4765 7022</p>	<p>CAFD</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 403506-02/M/1040</p>	