

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 3410 0000 2595 5372

Postage	\$	1/10/13	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total f	<b>Debbie Kearns</b>		
Sent To <b>Hitching Post,</b>			
P. O. Box 67			
Melrose, MT 59743			
Street, P. O. Box, or PO B.			
City, Sta			
<b>DOCKET NO.: SDWA-08-2012-0055</b>			

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: **JAN 10 2013**

**Debbie Kearns**  
**Hitching Post,**  
 P. O. Box 67  
 Melrose, MT 59743

**DOCKET NO.. SDWA-08-2012-0055**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Debbie Kearns*  Agent  Addressee

B. Received by (Printed Name) **Debbie Kearns** C. Date of Delivery **1-14-2013**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. **7009 3410 0000 2595 5372**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540