

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

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OFFICIAL USE

7008 3230 0003 0729 2499

Postage \$		9/22/09 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Fee	Mr. Dan Wells Oak Ridge Estates P. O. Box 80445 Billings, MT 59108	
Send to:		
Street, Apt or PO Box		
City, State, Zip	DOCKET NO.: SDWA-08-2009-0071	

PS Form 3811, January 2004 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. 	A. Signature <i>Brendy Paterson</i> <input checked="" type="checkbox"/> Sent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Mr. Dan Wells Oak Ridge Estates P. O. Box 80445 Billings, MT 59108 DOCKET NO.: SDWA-08-2009-0071 </div>	B. Received by (Printed Name) <i>Brendy Paterson</i>
	C. Date of Delivery <i>9-22-09</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input 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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Art# 7008 3230 0003 0729 2499 (Reference number for your records)	CA/PO