

**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**

7008 3230 0003 0729 5070

Postage	\$	11/03/09 Postmark Date
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage

**Derek Swank, Executive Vice President**  
 Swank Enterprises, Inc.  
 P. O. Box 568  
 Valier, MT 59486

Send To

Send Appl. No.  
 or PO Box No.

City, State, ZIP

**DOCKET NO.: CAA-08-2010-0002**

PS Form 3811, August 2004

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: **NOV 3 2009**

**Derek Swank, Executive Vice President**  
 Swank Enterprises, Inc.  
 P. O. Box 568  
 Valier, MT 59486

**DOCKET NO.: CAA-08-2010-0002**

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Derek Swank*  Addressee

B. Received by (Printed Name)  C. Date of Delivery  
*CHRISTINA CULVER*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Numbr (Indicator for) **7008 3230 0003 0729 5070**

**CAI**

PS Form 3811, February 2004

Domestic Return Receipt

102580-02-00-1540