

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

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**OFFICIAL USE**

7008 1830 0000 5157 2328

Postage	\$	2/10/2010
Certified Fee		
Return Receipt Fee (Postage Required)		
Restricted Delivery Fee (Postage Required)		

Total: **Douglas C. Allan**  
 Attorney at Law  
 P. O. Box 873  
 Shelby, MT 59474

Street, P.O. or PO # \_\_\_\_\_  
 City, St. \_\_\_\_\_

**DOCKET NO.: CWA-08-2009-0006**

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: **FEB 3 2010**

Douglas C. Allan  
 Attorney at Law  
 P. O. Box 873  
 Shelby, MT 59474

**DOCKET NO.: CWA-08-2009-0006**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **T. Frydenlund**  Agent  Addressee

B. Received by (Printed Name): **T. Frydenlund** C. Date of Delivery: **02/05/10**

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

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

4. Restricted Delivery? (Extra Fee)  Yes

3. Art (R) **7008 1830 0000 5157 2328** **Order**