

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

For delivery information visit our website at www.usps.com.

OFFICIAL MAIL

7007 1490 0001 4774 8979

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
		03/24/09

Postmark
 Recipient (Name)
Debbie Kearns
 Hitchin Post LLC, Operation Member
 P. O. Box 67
 Melrose, MT 59743
 DOCKET NO.: SDWA_08-2009-0020

Street
 or PO
 City, S

PS Form 3800, August 2005

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:
Debbie Kearns
 Hitchin Post LLC, Operation Member
 P. O. Box 67
 Melrose, MT 59743

DOCKET NO.: SDWA_08-2009-0020

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Debbie Kearns
 B. Received by (Printed Name)
 Debbie Kearns
 C. Date of Delivery
 MAR 25 2009
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

<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.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
(Transfer from service label)
 7007 1490 0001 4774 8979

PS Form 3811, February 2004 Domestic Return Receipt