

Proof of Service

| 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 X <i>Brenda R. Hill</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: | | B. Received by (Printed Name) | C. Date of Delivery 5-10 |
| MR. KEN NORGAARD ROAD FOREMAN ROOSEVELT COUNTY ROAD SHOP 400 2ND AVENUE SOUTH WOLF POINT, MONTANA 59201-1637 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No | |
| MAY - 8 2012 | | 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. | |
| 2. Article Number (Transfer from service label) | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, February 2004 | | 7009 3410 0000 2594 6257 Domestic Return Receipt | |
| 102595-02-M-1540 | | | |

May 18, 2012

Judith M. McTernan