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Rec  
Title

**Mr. Mykel Stockton, Registered Agent**  
 Stockton Oil Co., Inc.  
 16074<sup>th</sup> Avenue North  
 Billings, MT 59101-0000

**DOCKET NO.: RCRA-08-2008-0007**

PS Form 3811, August 2008 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em; margin-left: 100px;"><i>MAR - 8 2008</i></p> <p><b>Mr. Mykel Stockton, Registered Agent</b>            Stockton Oil Co., Inc.            16074<sup>th</sup> Avenue North            Billings, MT 59101-0000</p> <p><b>DOCKET NO.: RCRA-08-2008-0007</b></p> <p style="font-size: 2em; margin-left: 50px;"><i>RC</i>      <i>D</i></p> <p>2. Article (Bar)      7007 1490 0001 4774 8955      <i>Order</i></p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Mykel Stockton</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p><i>MYKEL STOCKTON</i>      <i>3-5-09</i></p> <p>D. Is delivery address different from item 1?      <input type="checkbox"/> Yes            If YES, enter delivery address below:      <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>