

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 USE
notice + order

7005 1820 0005 4855 7674

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement)	

11/13/07

Postmark
 Here

Thane Johnson
 Respondent's Attorney
 P. O. Box 2791
 Columbia Falls, MT 59912

DOCKET NO.: SDWA-08-2007-0091

PS Form 3800, June 2002

First Response To Mailings

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 14 2007 A

Thane Johnson
 Respondent's Attorney
 P. O. Box 2791
 Columbia Falls, MT 59912

DOCKET NO.: SDWA-08-2007-0091

NOV 14 2007

RC

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Nancy Johnson Agent Addressee

B. Received by (Printed Name) Nancy Johnson C. Date of Delivery 11/19/07

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

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 # 7005 1820 0005 4855 7674
 (Postage) notice + order

PS Form 3811, February 2004

Domestic Return Receipt

102505-01-00-1540