

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL EVIDENCE**

7008 1830 0000 5157 2472

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Registered/Deferred Fee (Endorsement Required)		

Postmark  
 Date

Total Payer: **Michael Jacobson**  
 Water/Wastewater Plant Manager  
 Great Falls Water Treatment Plant  
 P. O. Box 5021, 1300 Upper River Road  
 Great Falls, MT 59403  
 DOCKET NO.: CAA-08-2009-0029

Send To: \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

PS Form 3811, August 2004 (Use Previous Editions)

**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: 8111109

Michael Jacobson  
 Water/Wastewater Plant Manager  
 Great Falls Water Treatment Plant  
 P. O. Box 5021, 1300 Upper River Road  
 Great Falls, MT 59403  
 DOCKET NO.: CAA-08-2009-0029

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) John J. [Signature]

C. Date of Delivery 8/11/09

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  G.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number 7008 1830 0000 5157 2472  
 (Transfer from 8)