

7008 3230 0003 0729 5568

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 USE**

Postage	\$	9/28/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post **Michael Johnson, Individually**  
**d/b/a Johnson Motors**  
 1300 MT Highway 91 North  
 Dillon, MT 59725-9515

Send to: **DOCKET NO.: CWA-08-2010-0034**

PS Form 3811, August 2004  
 Use Reverse for International

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>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Michael Johnson</p> <p>C. Date of Delivery            10-1-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: <b>SEP 28 2010</b></p> <p>Michael Johnson, Individually            d/b/a Johnson Motors            1300 MT Highway 91 North            Dillon, MT 59725-9515</p> <p>DOCKET NO.: CWA-08-2010-0034</p>	<p>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"/> O.O.D.</p>
<p>2. Article Num (Transfer #): <b>7008 3230 0003 0729 5568</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>