

2012 FEB 23 AM 10:29

FILED
EPA REGION VIII
HEARING CLERK

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Christine Miller</i>	C. Date of Delivery 9-14-10
1. Article Addressed to: SEP 12 2011	B. Received by (Printed Name) <i>Christine Miller</i>	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Josh Townsley, Operator Fazooli's Family Italian 105 Blacktail Road Lakeside, MT 59922 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from servi	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	Domestic Return Receipt Docket # SDWA-08-2011-0022 102595-02-M-1540	

February 23, 2012

Judith M. Mc Ternan