

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 - 9 2012

Debbie Kearns

Hitchin Post

P. O. Box 67

Melrose, MT 59743

DOCKET NO.: SDWA-08-2012-0055

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Debbie Kearns*

Agent

Addressee

B. Received by (Printed Name)

Debbie Kearns

C. Date of Delivery

11-13-12

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2.

7009 3410 0000 2595 5273

order to stay