

7009 3410 0000 2595 5273

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**  
*Order to Stay*

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

*11/8/2012*

Postmark  
Here

Total Pos **Debbie Kearns**

**Hitchin Post**

Sent To P. O. Box 67

Street, Apt. or PO Box | Melrose, MT 59743

City, State, | **DOCKET NO.: SDWA-08-2012-0055**

PS Form 3800, August 2006

See Reverse for Instructions

**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 - 1 2012**

**Debbie Kearns**  
**Hitchin Post**  
 P. O. Box 67  
 Melrose, MT 59743  
**DOCKET NO.: SDWA-08-2012-0055**

2. Article (Trans: **7009 3410 0000 2595 5242**)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Debbie Kearns*  Agent  Addressee

B. Received by (Printed Name) *Debbie Kearns* C. Date of Delivery *11-6-2012*

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

*PO Box 67  
Melrose MT 59743*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

*notice + Order*