SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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>	A. Signature  X  B. Received by (Printed Name)	Agent Addressee
1. Article Addressed to: Dock Sawa 08-2007-0076 Richard Opper, Director AUG Montana Dept. of Env. Quality 1520 E. Sixth Avenue	D. Is delivery address different from item If YES, enter delivery address below	11? ☐ Yes 7: ☐ No
P.O. Box 200901 Helena, MT 59620-0901	3. Service Type  Gertified Mail Express Mall Registered Return Recei	pt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
7005 1820 0005 4856 49	93 AUG	1 6 2007
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540