

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE (Extended)

7008 3230 0003 0729 5735

| | | |
|---|-------------------------------|---------------------------|
| Postage \$ | | 10/29/10 Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Laura Bacon, Registered Agent Tr P. O. Box 499 Central and Main Shelby, MT 59474 | | |
| Serial | DOCKET NO.: SDWA-08-2010-0082 | |
| Street or P.O. Box | | |
| City | | |

PS Form 3800, August 2006

See Reverse for Instructions

| 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 checked="" type="checkbox"/> Addressee |
| 1. Article Addressed to: OCT 29 2010 Laura Bacon, Registered Agent P. O. Box 499 Central and Main Shelby, MT 59474 DOCKET NO.: SDWA-08-2010-0082 | B. Received by (Printed Name) Marty Deemest C. Date of Delivery 11/1/10 |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| | 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 |
| 7008 3230 0003 0729 5735 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |