

U.S. Postal ServiceSM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL **CA/FE**

Postage	\$	
Certified Fee		6/20/08
Return Receipt Fee <small>(Endorsement Required)</small>		Postmark Here
Restricted Delivery Fee <small>(Additional Postage May Be Required)</small>		
Total Due		
Elizabeth A. O'Halloran Milodragovich, Dale, Steinbrenner & Nguyen, P.C. P. O. Box 4947 Missoula, MT 59806-4947		
Send To		
Street, Apt or PO Box		
City, State		
DOCKET NO.: SDWA-08-2007-0094		

PS Form 3806, August 2006 See Reverse for Instructions

7007 2560 0002 6445 1801

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. <p>1. Article Addressed to: JUN 27 2008 C</p> <p>RC</p> <p>Elizabeth A. O'Halloran Milodragovich, Dale, Steinbrenner & Nguyen, P.C. P. O. Box 4947 Missoula, MT 59806-4947</p> <p>DOCKET NO.: SDWA-08-2007-0094</p>	<p>A. Signature <i>M. Castonguay</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) MCASTON</p> <p>C. Date of Delivery 6-30-08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>						
<p>2. Art (R) 7007 2560 0002 6445 1801</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<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.
<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.						

PS Form 3811, February 2004 Domestic Return Receipt 10/05-02-M-1548