

7009 3410 0000 2592 1483

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

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

OFFICIAL USE

Postage	\$	6/30/2011
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Postmark Here

Restricted Delivery
(Endorsement Required)

Total Postage & F

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Joshua Townsley, Registered Agent
Tamarack II, LLC
 105 Blacktail Road
 Lakeside, MT 59922

DOCKET NO.: SDWA-08-2011-0022

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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Christine Miller</p> <p>C. Date of Delivery 7-5-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: JUL - 1 2011</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Joshua Townsley, Registered Agent Tamarack II, LLC 105 Blacktail Road Lakeside, MT 59922</p> <p>DOCKET NO.: SDWA-08-2011-0022</p> </div>		<p>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.</p>	
<p>2. Article (Transit)</p> <p>7009 3410 0000 2592 1483</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	