

7005 1820 0005 4855 7728

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CERTIFIED MAIL™ RECEIPT
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OFFICE ORDER TO STAY

Postage	\$	12/13/07	Postmark Here
Certified Fee			
Return Receipt Fee (Reimbursement Required)			
Restricted Delivery Fee (Reimbursement Required)			

Total Pk: **Thane Johnson**
 Attorney for Respondent - Glacier Well Service
 P. O. Box 2791
 Columbia Falls, MT 59912

Street, Apt. or PO Box
City, State

DOCKET NO.: SDWA-08-2007-0091

PS Form 3811, June 2006

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>* <i>Nancy Johnson</i></p> <p>B. Received by (Print or Normal) <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>C. Date of Delivery <i>12-18-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>RC DEC 14 2007 D</i></p> <p>Thane Johnson Attorney for Respondent - Glacier Well Service P. O. Box 2791 Columbia Falls, MT 59912</p> <p>DOCKET NO.: SDWA-08-2007-0091</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Barcode #</p> <p>7005 1820 0005 4855 7728</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>PS Form 3811, February 2006</p> <p>5991282791 8028</p>	<p>Order to Stay</p>