

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to: ENT-L H

Scott Snow, Manager  
Prairie Mountain Utilities  
Route 1, Box 61  
Harlem, MT 59526

JUL 16 2008  
Docket# SDWA-08-2008-0076

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Mary Doney  Agent  
 Addressee

B. Received by (Printed Name) Mary Doney C. Date of Delivery 07-18-08

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RR 1 Box 66

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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1. Article Addressed to: ENT-L G

Julia Doney, President  
Fort Belknap Community Council  
RR1, Box 91  
Harlem, Montana 59526

JUL 16 2008  
Docket# SDWA-08-2008-0076

2. Article Number  
(Transfer from service label)

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X Mary Doney  Agent  
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 Insured Mail  C.O.D.

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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540