

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE** *Extension*

7008 3230 0003 0729 5735

Postage \$		10/29/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To: <b>Laura Bacon, Registered Agent</b> P. O. Box 499 Central and Main Shelby, MT 59474		
Street or P.O. Box No.	DOCKET NO.: SDWA-08-2010-0082	
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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>OCT 29 2010</i>  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) <i>Marty Demerest</i> C. Date of Delivery <i>11/1/10</i>  D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
	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 <i>Extension</i>	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540	