

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

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

OFFICIAL USE

7008 1830 0000 5157 2397

Postage	\$	3.26/10
Certified Fee		
Return Receipt Fee		
Postmark		
Recd (Date)	Mr. Charles Murray, Owner	
From (Address)	Winston Bar	
	P. O. Box 406-208	
	Winston, MT 59647-0208	
Sent (Date)		
Street or P.O.	DOCKET NO.: SDWA-08-2010-0008	
City, St.		

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:

Mr. Charles Murray, Owner
 Winston Bar
 P. O. Box 406-208
 Winston, MT 59647-0208

DOCKET NO.: SDWA-08-2010-0008

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Charles Murray

B. Received by (Printed Name) Agent Addressee
 Charles Murray

C. Date of Delivery
 3-30-10

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

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) Yes

2. Article # (Barcode) 7008 1830 0000 5157 2397

Order