

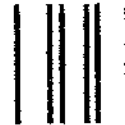
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>Kimaine Bouden</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p><b>The Honorable Kim Aipperspach, Mayor</b>  <b>City of Ronan</b>  <b>207 Main Street SW, Suite A</b>  <b>Ronan, MT 59864</b></p>	B. Received by (Printed Name)	C. Date of Delivery <b>4/15/13</b>
<p>412.13 T</p>	Sent from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Address below: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number <i>(transfer from service)</i>	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	
2. Article Number    7009 3410 0000 2598 4402		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4 in this box \*

**US EPA, Region 8**  
**Amy Swanson (MC 8ENF-L)**  
**1595 Wynkoop**  
**Denver, CO 80202**

