

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

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

7008 3230 0003 0727 6765

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

10/20/14

Postmark
Here

Total TerryL. Burkholder, Owner
 Bitterroot Gateway MH and RV Park
 P. O. Box 1292
 Lolo, MT 59847

Sent To
 Street,
 or PO
 City, S

DOCKET NO.: SDWA-08-2014-0023

PS Form 3800, August 2006

See Reverse for Instructions

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:

TerryL. Burkholder, Owner
 Bitterroot Gateway MH and RV Park
 P. O. Box 1292
 Lolo, MT 59847

DOCKET NO.: SDWA-08-2014-0023

A OCT 21 2014

2. Article (Transit) 7008 3230 0003 0727 6765

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Terry Burkholder

C. Date of Delivery 10-27-14

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

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

CAIFD