

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**

7008 3230 0003 0727 6963

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

CA/FO  
 9/11/15

Postmark  
 Here

Total Postage

Jo Messex Casey  
 Hendrickson Law Firm  
 P. O. Box 2502  
 Billings, MT 59103

Sent To

Street, Apt. No  
 or PO Box No.

City, State, ZIP

DOCKET NO.: CWA-08-2015-0021

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:

Jo Messex Casey  
 Hendrickson Law Firm  
 P. O. Box 2502  
 Billings, MT 59103

DOCKET NO.: CWA-08-2015-0021

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *D. Caldwell*

B. Received by (Printed Name)  
*Caldwell*

C. Date of Delivery  
 9/11/15

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:



3. Service Type

Certified Mail     Express Mail

Registered     Return Receipt for Merchandise

Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)     Yes

2. Article Number (Transfer 1)

7008 3230 0003 0727 6963

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540