

7009 3410 0000 2599 0991

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 *order*

Postage	\$	<i>8/16/11</i>	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Deliv (Endorsement R)	Joshua Townsley, Registered Agent		
Total Postage	Tamarack II, LLC.		
Sent To	105 Blacktail Road		
Street, Apt. No., or PO Box No.	Lakeside, MT 59922		
City, State, ZIP+	DOCKET NO.: SDWA-08-2011-0022		

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:

Joshua Townsley, Registered Agent
Tamarack II, LLC.
105 Blacktail Road
Lakeside, MT 59922

DOCKET NO.: SDWA-08-2011-0022

2. Article
(Transit)

7009 3410 0000 2599 0991

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Joe Byers* Agent Addressee

B. Received by (Printed Name) *Joe Byers* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
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

order