

**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**

Postage		<div style="font-size: 2em; font-weight: bold;">11/30/07</div> <p>Postmark Here</p>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total: **Gerald Eissinger, President**  
 Eissinger Equipment Salvage Fond, Inc.  
 22 Hwy. 200 E.  
 Circle, MT 59215

DOCKET NO.: SDWA-08-2007-0087

PS Form 3811, June 2004 See Reverse for Instructions

7005 1620 0005 4855 7698

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> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Gerald Eissinger, President</b>            Eissinger Equipment Salvage Fond, Inc.            22 Hwy. 200 E.            Circle, MT 59215</p> <p>DOCKET NO.: SDWA-08-2007-0087</p> </div> <p>2. Article Number            (On <u>7005 1620 0005 4855 7698</u>)</p>	<p>A. Signatory  <input checked="" type="checkbox"/> <i>J.E.</i> <span style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>Jerry Eissinger</i> <span style="float: right;"><u>11-30-07</u></span></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No  <div style="text-align: center; font-size: 1.2em; margin-top: 5px;">PO BOX 19</div> </p> <p>E. 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt <span style="font-size: 0.8em;">10295-01-000-1040</span></span></p>	