

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: Doc # SDWA 08 2008 0006

Charles Murray
Winston Bar
PO Box 406-208
Winston, MT 590647-0208

8ENF-W NOV 13 2007

7006 3450 0002 2006 0049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ James Murray ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Charles Murray ☐ Yes ☐ No

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

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- 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: Doc # SDWA 08 2008 0006

Richard Oppen, Director
M.DEQ.
1520 E. Sixth Avenue
P.O. Box 200901
Helena, MT 59620-0901

8ENF-W NOV 13 2007

7006 3450 0002 2006 0032

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ State Mail Services ☐ Agent ☐ Addressee

B. Received by (Printed Name)

State Mail Services ☐ Yes ☐ No

C. Date of Delivery

NOV 15 2007D. 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