

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>A. Signature  <input checked="" type="checkbox"/> <i>Shirley Voss</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <b>MAR 27 2009</b></p> <p>Mark A. Bryan, Registered Agent          Real Life Christian Center, Inc.          11 E Main Street, Ste D          P. O. Box 1371          Bozeman, MT 59771</p> <p><b>MAR 27 2009</b>      <b>A</b></p>	<p>B. Received by (Printed Name) <i>Shirley Voss</i>      C. Date of Delivery <i>4/2/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. 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>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><b>7004 1350 0001 5668 8316</b></p>

UNITED STATES POSTAL SERVICE

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 Postage & Fees Paid  
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 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

US EPA REGION 8  
 1595 Wynkoop Street  
 Denver, CO 80202-1129

*SCGT*  
*SDWA 08-200-0031*

*ENF-UFO Susan Parker-Walsh*

