	- The state of the
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Signature
	X ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Pate of Pelivery
1. Article Addressed to: JAN 2 7 2009 Richard Opper, Director Montana Dept of Environmental Quality 1520 E. Sixth Avenue	D. Is delivery address different from item 1?
P. O. Box 200901	3. Sepvice Type Certified Mail Express Mail
Helena, MT 59620-0901	☐ Registered ☐ Return Receipt for Merchandise
ENF	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number 7005 0390 0000 4846 6596	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
UNITED STATES POSTAL SERVICE	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
• Sender: Please print your name, address, and TIPE CENTED	
US EFA SEGION 8 FEB 0 4 2009	
1595 Wymkoop Street Deputer CO 80202-1120 Office of Enforcement	
Denver, CO 80202-1129 Compliance & Evironmental Justice	
SDUA08 20090026	
SGCT SDUAO8 20090026 ENF-UFO Surace Pardue-Welsh	