

7007 3020 0003 3320 9085

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 MAIL**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

12/18/08

Postmark  
Here

Total **Debbie Kearns**  
**Hitchin' Post LLC, Operation Manager**  
P. O. Box 67  
Melrose, MT 59743

Sent 7  
Street,  
or PO  
City, S

DOCKET NO.: SDWA-08-2009-0020

**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: **DEC 17 2008**

Debbie Kearns  
Hitchin' Post LLC, Operation Manager  
P. O. Box 67  
Melrose, MT 59743

DOCKET NO.: SDWA-08-2009-0020

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2. Article Number: **7007 3020 0003 3320 9085**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X / Debbie Kearns**  Agent  Addressee

B. Received by (Printed Name) **Debbie Kearns** C. Date of Delivery **12/19/08**

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

notice + order  
~~certified~~