

Proof of Service

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--|
| <ul style="list-style-type: none"> 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. | A. Signature <i>Lon Nemec</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: Henry Nemec, President and Trustee Coffee Creek Water Company 401 4 th Avenue Coffee Creek, MT 59424 | B. Received by (Printed Name) <i>Lon Nemec</i> | C. Date of Delivery <i>10/8/11</i> |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | OCT - 6 2011 | |
| Domestic Return Receipt | 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. | |
| 7009 3410 0000 2594 9654 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| SDWA-08-2012102595-02-M-1540 | -0001 | |

10/13/11

Judith M. McTernan