

7009 3410 0000 2595 5662

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
Here

Total Postage **Niki Smoker, Owner**  
**Horseshoe Bar**  
Sent To P. O. Box 432/57777 Hwy. 2  
Street, Apt. Frazer, MT 59225  
or PO Box # **DOCKET NO.: SDWA-08-2011-0043**  
City, State, & Zip

PS Form 3800, August 2006

See Reverse for Instructions

**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:

**Niki Smoker, Owner**  
**Horseshoe Bar**  
P. O. Box 432/57777 Hwy. 2  
Frazer, MT 59225  
**DOCKET NO.: SDWA-08-2011-0043**

MAR - 7 2013

2. Article # (Transfer) 7009 3410 0000 2595 5662

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
B. Received by (Printed Name)  
C. Date of Delivery 3/12/13  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02