

7009 3410 0000 2596 2226

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

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**OFFICIAL USE**

Postage \$ 21.31

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement) \_\_\_\_\_

Total Postage: **Lon Remic**  
**Rod Bollig**  
**Trust of the Coffee Creek Water Co.**

Sent To: P. O. Box 37  
 Street, Apt. 1 or PO Box N: Coffee Creek, MT 59424  
 City, State, ZIP: SDWA 08-2012-0001

PS Form 3800, August 2006 See Reverse for Instructions

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"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Lon Remic</u></p> <p>C. Date of Delivery <u>2-27-12</u></p>
<p>1. Article Addressed to:</p> <p><b>Lon Remic</b>  <b>Rod Bollig</b>  <b>Trust of the Coffee Creek Water Co.</b>          P. O. Box 37          Coffee Creek, MT 59424</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><u>SDWA 08-2012-0001</u></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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer if) <u>7009 3410 0000 2596 2226</u></p>	<p><u>order</u></p>