

7009 3410 0000 2595 5181

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 USE
2nd Extension

Postage	\$	10/23/12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total P **Rebecca L. Summerville**
Datsopoulos, MacDonald, & Lind, P.E.
 Central Square Building - 201 Main Street, #201
 Missoula, MT 59802
DOCKET NO. CWA-08-2012-0025

Sent To
 Street, Apt
 or PO Box
 City, State

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:

Rebecca L. Summerville
Datsopoulos, MacDonald, & Lind, P.E.
 Central Square Building - 201 Main Street, #201
 Missoula, MT 59802
DOCKET NO. CWA-08-2012-0025

C OCT 24 2012

2. Article Number (Tr) 7009 3410 0000 2595 5181

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kate Lyon* Agent Addressee

B. Received by (Printed Name) *Kate Lyon* C. Date of Delivery *10-26-12*

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

2nd Extension