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Send to:
Elizabeth A. O'Halloran
 Milodragovich, Dale, Steinbrenner & Nygren, PC
 P. O. Box 4947
 Missoula, MT 59806-4947

DOCKET NO.: SDWA-08-2007-0094

PS Form 3811, August 2004 See Reverse for Instructions

7007 1490 0001 4785 6957

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. <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.5em;"><i>RC-FEB 05 2008 R</i></p> <p>Elizabeth A. O'Halloran Milodragovich, Dale, Steinbrenner & Nygren, PC P. O. Box 4947 Missoula, MT 59806-4947</p> <p>DOCKET NO.: SDWA-08-2007-0094</p>	<p>A. Signature <i>MC Castonguay</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MC CASTONGUAY</i></p> <p>C. Date of Delivery <i>2/8/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article No <small>(Transfer)</small></p> <p style="font-size: 1.2em;">7007 1490 0001 4785 6957</p>	<p>3. Service Type</p> <p><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>

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