

7008 1140 0004 5097 5960

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

Postage \$		2/3/09 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		

Total P: **David Madison**
699 Terrace View Road
Libby, MT 59923

Sent To
Street, Apt or PO Box
City, State, ZIP+4™
DOCKET NO.: SDWA-08-2008-0112

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: **FER 03 2004**

David Madison
699 Terrace View Road
Libby, MT 59923
DOCKET NO.: SDWA-08-2008-0112

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Marcia R. Madison Addressee

B. Received by (Printed Name) **Marcia R. Madison** C. Date of Delivery **2-5-09**

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

2. Article Number (Transit) **7008 1140 0004 5097 5960**