

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

7008 3230 0003 0729 6015

Postage \$	5/4/2011 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Del (Endorsement F)	
Total Postage	Joshua Townsley, Registered Agent
Sent To	Tamarack II, LLC
Street, Apt. No. or PO Box No.	105 Blacktail Road
City, State, ZIP+4	Lakeside, MT 59922
DOCKET NO.: SDWA-08-2011-0022	
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: MAY 5 2011

Joshua Townsley, Registered Agent
Tamarack II, LLC
 105 Blacktail Road
 Lakeside, MT 59922
DOCKET NO.: SDWA-08-2011-0022

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Aural Ramsey*

B. Received by (Printed Name) *Aural Ramsey* C. Date of Delivery *5-7*

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

2. Article Number (Transit) **7008 3230 0003 0729 6015**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Order