SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 ■ 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: Det # Stung -08-x07-c076 	A. Signature X State Mall Services Agent Addressee B. Received by (Printed Name) C. Date of Betwery D. Is delivery address different from Item 1? Yes	
Kichard Opper, Director Montana Dept. of Env. Quality 1520 E. Sixth Avenue	If YES, enter delivery address below: LI No	
P.O. Box 200901 Helena, MT 59620-09801	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
7005 1820 0005 4856 4	ьпэ : AUG 2 4 2007	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	