

7008 3230 0003 0729 5100

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL NOTICE + ORDER**

Postage	\$	1/20/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: **Mr. Charles Murray, Owner**  
 Winston Bar  
 P. O. Box 406-208  
 Winston, MT 59647-0208

DOCKET NO.: SDWA-08-2010-0008

PS Form 3811, February 2004 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:

*JAN 20 2010*

Mr. Charles Murray, Owner  
 Winston Bar  
 P. O. Box 406-208  
 Winston, MT 59647-0208

DOCKET NO.: SDWA-08-2010-0008

*E*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Charles Murray*

B. Received by (Printed Name) C. Date of Delivery  
*Charles Murray* *1/20/2010*

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 (Transit) *7008 3230 0003 0729 5100* *notice + Order*