

7005 1820 0005 4855 7759

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 *order to stay*

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Postmark Date: *12/13/07*

Total Postage: _____

Send To: **Steven R. Bequart**
 d/b/a Steve's Auto Body
 1648 U. S. Hwy. 2N
 Troy, MT 59935-9702

Street, Apt. No., or PO Box No.: _____
 City, State, ZIP+4: **DOCKET NO.: SDWA-08-2007-0090**

PS Form 3811, June 2007 See Reverse for Instructions

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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Don Bequart</i></p>	
<p>1. Article Addressed to: <i>RC DEC 14 2007 c</i></p> <p>Steven R. Bequart d/b/a Steve's Auto Body 1648 U. S. Hwy. 2N Troy, MT 59935-9702</p> <p>DOCKET NO.: SDWA-08-2007-0090</p>		<p>B. Received by (Printed Name) <i>Don Bequart</i></p> <p>C. Date of Delivery <i>12/17/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article # <i>7005 1820 0005 4855 7759</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article # (Print) <i>7005 1820 0005 4855 7759</i></p>		<p><i>order to stay</i></p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		<small>SACPS-03-Z-0045</small>	