

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 *CA/FE*

7008 1830 0000 5157 4483

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

9/10/09
 Postmark
 Here

Recipient Name: _____
 Street or P.O. #: _____
 City: _____
 State: _____
 ZIP: _____
 ZIP+4: _____

Mark S. Groto, General Manager
Marias River Electric Cooperative
P.O. Box 729
910 Roosevelt Highway
Shelby, MT 59474
Docket No.: TSCA-08-2009-0013

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: *SEPT 11 2009*

Mark S. Groto, General Manager
Marias River Electric Cooperative
P.O. Box 729
910 Roosevelt Highway
Shelby, MT 59474
Docket No.: TSCA-08-2009-0013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Mark S. Groto*

C. Date of Delivery: *9-14-09*

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 No

2. Article Number (Transfer from service label): **7008 1830 0000 5157 4483** *CA/FE*