

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL ORDER

4/9/2010

Postage		Postmark Here
Certified Fee		
Return Receipt Fee <small>(Enrollment Required)</small>		
Restricted Delivery Fee <small>(Enrollment Required)</small>		
Total		

Sent To:
Street or P.O. Box:
City, St. Zip:

Douglas C. Allan
Attorney at Law
P.O. Box 873
Shelby, MT 59474
Docket No.: CWA-08-2009-0006

7006 3230 0003 0730 0170

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>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.5em;">APR 9 2010</p> <p style="text-align: center;">Douglas C. Allan Attorney at Law P.O. Box 873 Shelby, MT 59474 Docket No.: CWA-08-2009-0006</p>	<p>A. Signature</p> <p><i>T. Frydenlund</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>T. Frydenlund</i> <i>4/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small></p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>7006 3230 0003 0730 0170 <i>order</i></p>