

7007 3020 0003 3320 8903

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees \$ _____	Postmark Here
Sent To Street, or P.O. # _____ City, St _____	Stillwater Mining Company P.O. Box 1209, 1730 East 1st Avenue South Columbus, MT 59019 Attn: John Stark, Vice President Docket No: CAA-08-2009-003
PS Form	uctions

SENDER: COMPLETE THIS SECTION <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. 	COMPLETE THIS SECTION ON DELIVERY A. Signature <i>Stephanie DeMasters</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>Stephanie DeMasters</i> C. Date of Delivery <i>1-8-09</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: JAN - 6 2009 <i>D</i> Stillwater Mining Company P.O. Box 1209, 1730 East 1st Avenue S Columbus, MT 59019 Attn: John Stark, Vice President Docket No: CAA-08-2009-003 <i>RC</i>	3. Service Type <input checked="" 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7007 3020 0003 3320 8903
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540