

**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: **AUG 11 2008**

Albert Peterson  
 Superintendent  
 Hardin Public Schools  
 Route 1, Box 1001  
 Hardin, MT 59034-9707

*SNF - W C*  
*Docket # CWA-08-2008-0000*

2. Article Number  
(Transfer from service label)

**7005 1160 0005 3398 1298**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *Michele Prouty* C. Date of Delivery *8-13-08*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes