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Susan Stanley, Superintendent
 City of Billings Wastewater
 Treatment Plant
 P. O. Box 30958
 Billings, MT 59111
 Docket No: CAA-08-2009-0026

9954 7E2D E000 0E2E 900L

Sent to:
 Basic 4p
 or PO Box
 City, State
 ZIP Code

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 <i>Maurice Kaul</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Maurice Kaul</i> C. Date of Delivery <i>7/2/09</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <div style="text-align: right; margin-right: 50px;"><i>JUL 01 2009</i></div> Susan Stanley, Superintendent City of Billings Wastewater Treatment Plant P. O. Box 30958 Billings, MT 59111 Docket No: CAA-08-2009-0026</p>	<div style="text-align: center;">  </div>
<p>2. Article Number <i>(Transfer from service tag)</i> <i>m</i></p>	<p>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.</p>
<p>7008 3230 0003 0731 4566</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: right;"><i>CAFD</i></p>