

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

7009 3410 0000 2595 5358

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

12/3/12

Postmark
Here

Total Postage: **Rebecca L. Summerville**
Datsopoulos, MacDonald & Lind, P.C.
 Sent To: 201 W. Main Street, Suite 201
 Street, Apt. No. Missoula, MT 59802
 or PO Box No.
 City, State, Zi. **DOCKET NO.: CWA-08-2012-0025**

PS Form 3800, August 2006

See Reverse for Instructions

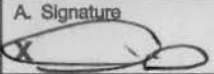
SENDER: COMPLETE THIS SECTION

- 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:
 DEC 4 2012
 Rebecca L. Summerville
 Datsopoulos, MacDonald & Lind, P.C.
 201 W. Main Street, Suite 201
 Missoula, MT 59802
 DOCKET NO.: CWA-08-2012-0025

F

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

2. Article Number (Transf) 7009 3410 0000 2595 5358

3rd GA. Order

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540