

BJC
GR

M-1995-038
S.O. Release

October 28, 2014
FROM: USPS
TO: DRMS

7014 0150 0000 9138 4719

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage: \$0.90
Certified Fee: \$3.30
Return Receipt Fee: \$2.70
Total Postage & Fees: \$6.90

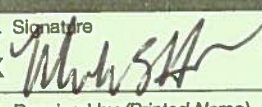


Total Postage & Fees 

Sent To
Street, Apt. or PO Box
City, State

Mr. Mark S. Haldorson
Haldorson and Sons, Inc.
1014 Cherry Orchard LP
Hamilton, MT 59840

PS Form  Reverse for Instructions

ICE STATION DENVER CO
OCT 28 2014

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.	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)  C. Date of Delivery 
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Mr. Mark S. Haldorson Haldorson and Sons, Inc. 1014 Cherry Orchard LP Hamilton, MT 59840	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7014 0150 0000 9138 4719

PS Form 3811, July 2013 Domestic Return Receipt