

7009 3410 0000 2595 5310

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE *order 10/21/12*

Postage	\$	<i>M 21/12</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Post:	Abadie Schill	
Sent To	1099 Main Street, Suite 315	
Street, Apt. 1 or PO Box N	Durango, CO 81301	
City, State, Z.	DOCKET NO.: SDWA-08-2011-0079	

PS Form 3800, August 2006 See Reverse for Instructions

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>X Scott C. Schill</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>William E. Zimsky, Esq. Abadie Schill 1099 Main Street, Suite 315 Durango, CO 81301 DOCKET NO.: SDWA-08-2011-0079</p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>11/26/12</i></p>	
<p>2. A <i>C</i> NOV 23 2012</p> <p>7009 3410 0000 2595 5310 <i>(transfer from service label)</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>3. Service Type</p> <p><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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p><i>Joint Motion Order</i></p> <p>102595-02-M-1540</p>	