

7005 1820 0005 4855 8732

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$	10/27/07 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage / **Bradley D. Pate**
 Sent To: High Country Fabrication, Inc.
 1000 W. First Street
 Casper, WY 82604
 "Basic Rate Mail" or PO Box No.
 City, State, ZIP+4 **DOCKET NO.: EPCRA-08-2007-0006**

PS Form 3811, February 2004 (Rev. 10/2003) See Reverse for Restrictions

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 Bradley D. Pate</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) BRADLEY D. PATE</p> <p>C. Date of Delivery 10-1-07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No OCT 01 2007</p>
<p>1. Article Addressed to: <i>M</i></p> <p>Bradley D. Pate High Country Fabrication, Inc. 1000 W. First Street Casper, WY 82604</p> <p>DOCKET NO.: EPCRA-08-2007-0006</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>2. Article Number (Transfer from send) 7005 1820 0005 4855 8732</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>