

7005 1820 0005 4855 8817

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

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OFFICIAL USE

Postage \$	10/11/07 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Pk: **Las Vegas Street Wastewater Treatment Plant**
 825 E. Las Vegas Street
 Colorado Springs, CO 80947-1470

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

DOCKET NO.: CAA-08-2008-0002

PS Form 3811, June 2002 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Pelladio</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>RC N</i></p> <p>Las Vegas Street Wastewater Treatment Plant 825 E. Las Vegas Street Colorado Springs, CO 80947-1470</p> <p>DOCKET NO.: CAA-08-2008-0002</p> <p style="text-align: center; font-size: 1.2em;">OCT 11 2007</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article # _____ (Transit) <i>7005 1820 0005 4855 8817</i> <i>CAFD</i></p>	

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Postage	\$	10/11/07 Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total Post: David Padgett

Sent To: Colorado Springs Utilities
 121 South Tejon Street, Fourth Floor
 P. O. Box 1103, Mail Code 940
 Colorado Springs, CO 80947-0940

Street, Apt. or PO Box: Colorado Springs, CO 80947-0940

City, State: DOCKET NO.: CAA-08-2008-0002

PS Form 3811, June 2004 See Reverse for Important Information

7005 1820 0005 4855 8824

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>1. Article Addressed to: RC M</p> <p>David Padgett Colorado Springs Utilities 121 South Tejon Street, Fourth Floor P. O. Box 1103, Mail Code 940 Colorado Springs, CO 80947-0940 DOCKET NO.: CAA-08-2008-0002</p> <p style="font-size: 1.2em; margin-top: 10px;">OCT 11 2007</p> <p>2. Article Number <small>(Transfer from)</small> 7005 1820 0005 4855 8824 O.A.F.D.</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery OCT 11 2007</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 <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>

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1048

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OFFICIAL USE

10/11/07

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total \$:		
Ronald M. Hagerdon Hagerdon, Inc. d/b/a Ideal Radiator & Body Co. 13958 Lexington Drive Westminster, CO 80020 DOCKET NO.: CAA-08-2007-0002		

PS Form 3800, June 2002 See Reverse for Instructions

7005 1160 0005 3396 0710

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>1. Article Addressed to: RC B</p> <p>Ronald M. Hagerdon Hagerdon, Inc. d/b/a Ideal Radiator & Body Co. 13958 Lexington Drive Westminster, CO 80020 DOCKET NO.: CAA-08-2007-0002</p> <p style="text-align: center; font-size: 1.5em; margin-top: 10px;">OCT 12 2007</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Pauline Bates</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Pauline Bates</i> <i>10-13-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>RC</i></p> <p>If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

2. Article # _____ (Item) 7005 1160 0005 3396 0710 CA/FO

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1040

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OFFICIAL USE

Postage		<div style="font-size: 2em; font-weight: bold;">CAIFD</div> <div style="font-size: 1.5em; font-weight: bold;">10/11/07</div>
Certified Fee		
Return Receipt Fee (Enclosure Required)		
Restricted Delivery Fee (Enclosure Required)		
Total Postage		Postmark Here

7005 1820 0005 4855 8800

Patricia K. Kelly
City Attorney
 30 South Nevada Avenue, Suite 501
 Colorado Springs, CO 80903

DOCKET NO.: CAA-08-2008-0002

Street, Apt. #
 or PO Box No.
 City, State, ZIP

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>1. Article Addressed to: RC</p> <p>Patricia K. Kelly City Attorney 30 South Nevada Avenue, Suite 501 Colorado Springs, CO 80903</p> <p>DOCKET NO.: CAA-08-2008-0002</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">OCT 11 2007</p>	<p>A. Signature: <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): Patricia K. Kelly C. Date of Delivery: 10/11/07</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 <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>