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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7009 3410 0000 2596 2349

Postage \$		CA/FO 6/5/2012 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pc	Tomi White, President Kennington Springs Pipeline, Inc. P. O. Box 1284 Afton, WY 83110 DOCKET NO.: SDWA-08-2012-0007	
Sent To		
Street, Apt or PO Box		
City, State		

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:

Tomi White, President
Kennington Springs Pipeline, Inc.
 P. O. Box 1284
 Afton, WY 83110
DOCKET NO.: SDWA-08-2012-0007

COMPLETE THIS SECTION ON DELIVERY

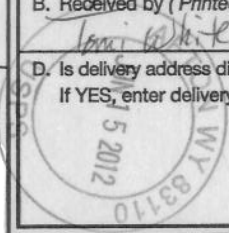
A. Signature Agent Addressee
 X *Tomi White*

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

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



2. A (M) 7009 3410 0000 2596 2349

CA/FO