

7005 1820 0005 4855 7742

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

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

OFFICIAL USE *CAIRO*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To: Joe Schroeder, Project Manager
 Rockinmon Constructors
 5755 Mark Dabbling Bldg., Suite 375
 Colorado Springs, CO 80919

Street, # or P.O. Box
City, State

DOCKET NO.: CWA-08-2007-0021

PS Form 3811, June 2003 See FIM 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>Bonnie Patterson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>BONNIE PATTERSON</i> C. Date of Delivery <i>12/10/07</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</i> <i>DEC 14 2007 H</i></p> <p>Joe Schroeder, Project Manager Rockinmon Constructors 5755 Mark Dabbling Bldg., Suite 375 Colorado Springs, CO 80919</p> <p>DOCKET NO.: CWA-08-2007-0021</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>
<p>2. Article Number (Transfer to) <i>7005 1820 0005 4855 7742</i></p>	<p><i>CAIRO</i></p>
PS Form 3811, August 2001	Domestic Return Receipt