

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee<br><i>Mary L. Howard</i>  |
| 1. Article Addressed to:<br><i>Docket# CWA-08-2013-0036</i><br>Mary Howard, Registered Agent<br>Farmers Canal Company<br>P.O. Box 36<br>108 Center St.<br>Burlington, WY 82411<br><b>SEP 30 2013</b> <i>G</i>  | B. Received by (Printed Name) C. Date of Delivery<br><i>Mary L. Howard</i>  |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| PS Form 3811, February 2004  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |
|  | 7009 3410 0000 2592 8697  |
|  | Domestic Return Receipt 102595-02-M-1540  |

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| 1. Article Addressed to:<br>Kevin Frederick, Administrator<br>Water Quality Division<br>Wyoming Dept. of Environmental Quality<br>122 West 25 <sup>th</sup> St.<br>Hershcler Blvd. 4 <sup>th</sup> Floor West<br>Cheyenne, WY 82002<br><b>SEP 30 2013</b> <i>F</i>   | B. Received by (Printed Name) C. Date of Delivery   |
| <i>Docket# CWA-08-2013-0036</i>  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
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| PS Form 3811, February 2004  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |
|  | 7009 3410 0000 2592 8703  |
|  | Domestic Return Receipt 102595-02-M-1540  |