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

7009 3410 0000 2595 5303

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

11/27/12

Postmark Here

Sent To

Street, Apt. or PO Box

City, State,

Roger Sharp, Owner
Penrose Automotive
836 I Street
Penrose, CO 81240
DOCKET NO.: SDWA-08-2012-0044

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:

Roger Sharp, Owner
Penrose Automotive
836 I Street
Penrose, CO 81240
DOCKET NO.: SDWA-08-2012-0044

C NOV 28 2012

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Roger Sharp ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) ROGER SHARP
C. Date of Delivery 12-1-12

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

PENROSE, CO USPS DEC - 1 2012

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. 7009 3410 0000 2595 5303

CA/PD

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540