U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage $ 5/14/09
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here

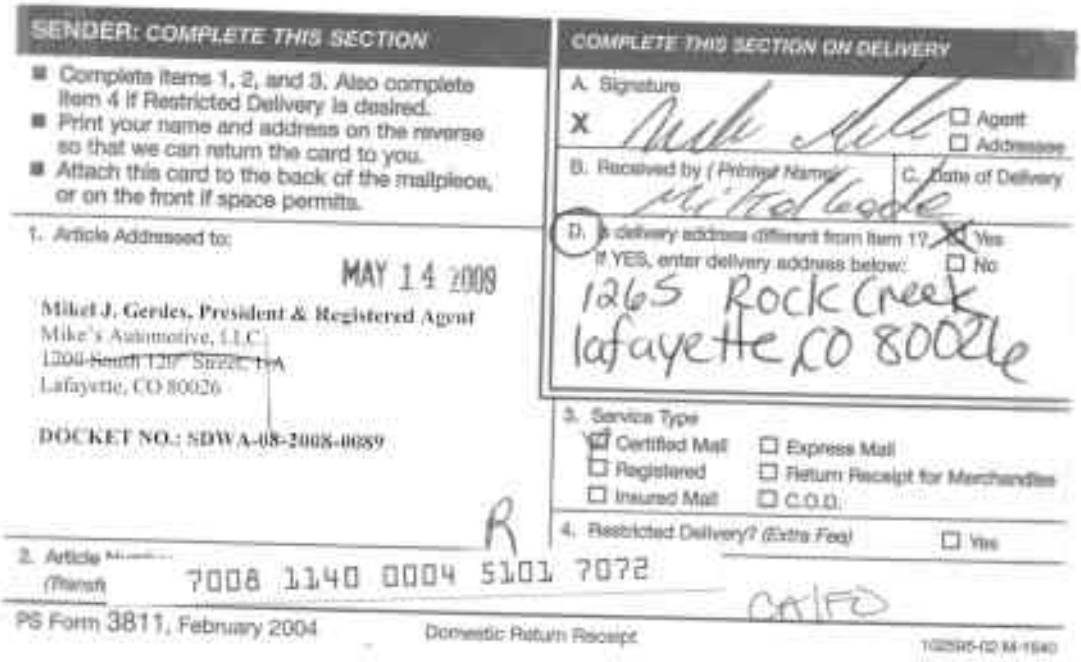
7008 1140 0004 5101 7072

Sent To: Mikel J. Gerdes, President & Registered Agent
Mike's Automotive, LLC.
1700 South 120th Street, 1-A
Lafayette, CO 80026

Street, Apt. No.; or PO Box No.
City, State, ZIP+4

DOCKET NO.: SDWA-08-2008-0089

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:

MAY 14 2008

Mikel J. Gerdes, President & Registered Agent
Mike's Automotive, LLC.
1700 South 120th Street, 1-A
Lafayette, CO 80026

DOCKET NO.: SDWA-08-2008-0089

R

2. Article Number (Transfer from service label) 7008 1140 0004 5101 7072

CAFO

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mikel Gerdes C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
1265 Rock Creek
lafayette CO 80026

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

4. Restricted Delivery? (Extra Fee) ☐ Yes