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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

9/11/07
Postmark Here

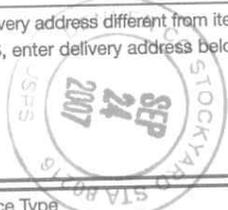
Total Rocola Concrete Tie, Inc.
 701 W. 48th Street
 Denver, CO 81623

Sent To: _____
 Street, or PO _____
 City, S. _____

DOCKET NO.: EPCRA-08-2007-0004

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0005 4855 9562

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>1. Article Addressed to:</p> <p style="text-align: right; font-weight: bold;">SEP 12 2007</p> <p>Rocola Concrete Tie, Inc. 701 W. 48th Street Denver, CO 81623</p> <p style="text-align: right; font-weight: bold;">SEP 12 2007</p> <p>DOCKET NO.: EPCRA-08-2007-0004</p> <p style="font-size: 1.5em; margin-left: 20px;">RC C</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Desiree McMahon</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9-24-07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center;">  </div> <p>3. Service Type</p> <p><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 <u>7005 1820 0005 4855 9562</u> CA/FO</p> <p style="font-size: 0.8em;">(Transfer from serv. _____)</p>	