7005 1820 0005 4855 9555

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

CATFD

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

9/11/07

Postmark Here

Sent To

Street, Apt. N or PO Box No

City, State, Zi

Kirk E. Carleson
Roaring Fork Valley Coop.
760 H2y. 133
Carbondale, CO 81623

DOCKET NO.: EPCRA-08-2007-0003

PS Form 3800, June 2002 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:

SEP 12 2007

Kirk E. Carleson
Roaring Fork Valley Coop.
760 H2y. 133
Carbondale, CO 81623

SEP 12 2007

DOCKET NO.: EPCRA-08-2007-0003

RC D

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kirk E Carlson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Deliver 9-14-07

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

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

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

2. A 7005 1820 0005 4855 9555
(Transfer from service label)

CATFD

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