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**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
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OFFICIAL USE

Postage	\$	3/13/08
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**To:** **Mark Maddox**  
 Carter Lake Filter Plant Water Activity Enterprises  
 6981 West County Road SE  
 Berthoud, CO 80513

**DOCKET NO.: CAA-08-2008-0010**

PS Form 3811, August 2004 See Reverse for Instructions

7007 1490 0001 4785 6629

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> <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.5em; margin-left: 100px;"><i>RE E</i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Mark Maddox</b>          Carter Lake Filter Plant Water Activity Enterprises          6981 West County Road SE          Berthoud, CO 80513</p> <p><b>DOCKET NO.: CAA-08-2008-0010</b></p> </div> <p>2. Article (Date) <span style="float: right; margin-right: 50px;"><b>MAR 13 2008</b></span></p> <p style="text-align: center;">7007 1490 0001 4785 6629</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Mark Maddox</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; margin-right: 50px;"><i>3-14-08</i></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> <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 style="font-size: 1.5em; margin: 0;"><b>MAILED</b></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">032005-02-M-1048</span></p>	