

7008 3230 0003 0729 7784

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	5/14/09
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		Postmark Here
Sent To	<b>Russell George, Executive Director</b> Colorado Department of Transportation 4201 Arkansas Avenue Denver, CO 80222	
Street, Apt. No. or P.O. Box No.		
City, State, ZIP	<b>DOCKET NO.: CWA-08-2009-0010</b>	
PS Form 3811, August 2004		

**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 15 2009

**Russell George, Executive Director**  
 Colorado Department of Transportation  
 4201 Arkansas Avenue  
 Denver, CO 80222

**DOCKET NO.: CWA-08-2009-0010**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X Karen Bradshaw</b>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <b>Karen Bradshaw</b>	C. Date of Delivery <b>5-19-09</b>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<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.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
(7) 7008 3230 0003 0729 7784

PS Form 3811, February 2004

Domestic Return Receipt

702505-02-M-1540

*2nd Extension*