

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

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OFFICIAL RECEIPT

7009 3410 0000 2596 2530

Postage \$		7/31/12 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Postage	Me.I Domine, Managing Director	
	CHS - Yuma CO	
	101 S. Detroit	
Sent To	Yuma, CO 80759	
Street, Apt. No. or PO Box No.	DOCKET NO.: CWA-08-2012-0019	
City, State, Zip		

PS Form 3800, August 2006 See Reverse for Instructions

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. 	A. Signature <input checked="" type="checkbox"/> <i>Sahib Badi</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: JUL 31 2012 Me.I Domine, Managing Director CHS - Yuma CO 101 S. Detroit Yuma, CO 80759 DOCKET NO.: CWA-08-2012-0019	B. Received by (Printed Name)	C. Date of Delivery 8-15-12
2. Article Number (Trans) 7009 3410 0000 2596 2530	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	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		