20	U.S. Postal Service TAM CERTIFIED MAIL TAM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
596 22	For delivery information visit our website at www.usps.com	
7009 3410 0000 E!	Return Receipt Fee (Endorsement Required) Restric (Endors CORPORATION SERVICES CO. 2180 South 1300 East, Suite 650 Salt Lake City, UT 84106 DOCKET NO: SDWA-08-2010-0080 SDWA-08-20111-24 Street, or PO E City, State, ZIP+4	tructions
	PS Form 3800, August 2006 See Reverse for Instructions	

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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. CORPORATION SERVICES CO. 2180 South 1300 East, Suite 650 Salt Lake City, UT 84106 DOCKET NO: SDWA-08-2010-0080 SDWA-08-20111-24	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery 2-4-(2) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mall Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)