

7009 3410 0000 2596 3094

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	12/11/07 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Stephen A. Bain
Wellborn, Sullivan, Meck & Tooley, P.C.
1125 17th Street, Suite 2200
Denver, CO 80202

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or
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DOCKET NO.: SDWA-08-2011-0080

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stowers</i></p> <p>C. Date of Delivery <i>12-11</i></p>
<p>1. Article Addressed to: <i>E DEC 1 2007</i></p> <p>Stephen A. Bain Wellborn, Sullivan, Meck & Tooley, P.C. 1125 17th Street, Suite 2200 Denver, CO 80202</p> <p>DOCKET NO.: SDWA-08-2011-0080</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>DEC 11 2007</i></p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. A <i>7009 3410 0000 2596 3094</i></p>	<p><i>CA/FO</i></p>