

7007 1490 0001 4774 9006

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

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

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return R (Endorsement) _____
 Restricted Dr (Endorsement) _____
 Total Posta _____

Postmark: 5/26/2010

Sent To: _____
 Street, Apt. # or PO Box N: _____
 City, State, ZIP+4: _____

**Douglas J. Moench, Senior Assistant
 Attorney General
 Office of Attorney General
 123 State Capitol
 Cheyenne, WY 82002
 DOCKET NO.: SDWA-08-2010-0029**

PS Form 3800, August 2006 See Reverse for instructions

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:

**Douglas J. Moench, Senior Assistant
 Attorney General
 Office of Attorney General
 123 State Capitol
 Cheyenne, WY 82002
 DOCKET NO.: SDWA-08-2010-0029**

MAY 27 2010

2. Article (Transit) 7007 1490 0001 4774 9006

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery: MAY 28 2010

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540