

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 RECEIPT

7008 3230 0003 0729 5575

Postage	\$	9/28/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	Tom Grover, Owner Handlebar Motorsports 49 Black Bear Lane Bayfield, CO 81122	
Sent To	DOCKET NO.: SDWA-08-2009-0074	
Street, Apt. or PO Box #		
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>Tom Grover</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: SEP 28 2010 Tom Grover, Owner Handlebar Motorsports 49 Black Bear Lane Bayfield, CO 81122 DOCKET NO.: SDWA-08-2009-0074		B. Received by (Printed Name) <i>Karen Grover</i>	
		C. Date of Delivery 10-8-10	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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 (Trans) 7008 3230 0003 0729 5575			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

