

**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: **8ENF-L**

James Montuoro  
 District # 3 Maintenance Engineer  
 P.O. Box 1260  
 Rock Springs, WY 82902

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Kimberly Moore*  Agent  Addressee

B. Received by (Printed Name) *Kimberly Moore* C. Date of Delivery *4-13-10*

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

**2010 APR 16 AM 11:23**  
**APR 13 2010 FILED**  
**EPA REGION VIII**  
**HEARING CLERK**

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

*SDWA - 08 - 2010 - 0029*

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from serv) **7008 3230 0003 0730 4352**

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

**USEPA Region 8 ENF-L**  
**Peggy Livingston**  
**1595 Wynkoop Street**  
**Denver, CO 80202-8917**

*8ENF-L*



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>KLP Moore</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <b>APR 9 2010</b></p> <p>Tyler Willie  District # 3 Maintenance  P.O. Box 1260  Rock Springs, WY 82902</p> <p><i>E</i></p> <p><i>SDWA-08-2010-0029</i></p>	<p>B. Received by (Printed Name) <i>Kimberly Moore</i> C. Date of Delivery <i>4-13-10</i></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><b>FILED  APR 13 2010  EPA REGION VIII  HEARING CLERK</b></p>
<p>2. Article Number  (Transfer from service label)</p>	<p>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.</p>
<p>7008 3230 0003 0730 4345</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

UNITED STATES POSTAL SERVICE



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*8ENF-L PL*

