

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 *CA/FO*

7008 3230 0003 0726 3482

| | |
|---|--|
| Postage \$ | 1/7/14 Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage | Douglas A. Dohn, President Dohn Construction, Inc. 2642 Midpoint Drive Fort Collins, CO 80525 |
| Sent To | |
| Street, Apt. No. or PO Box No. | DOCKET NO.: CWA-08-2014-0007 |
| City, State, Zip | Douglas A. Dohn, President |

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:

JAN 8 2014 *G*

Dohn Construction, Inc.
 2642 Midpoint Drive
 Fort Collins, CO 80525

DOCKET NO.: CWA-08-2014-0007

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|---|
| A. Signature X <i>A. Evenson</i> | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee |
| B. Received by (Printed Name) <i>A. Evenson</i> | C. Date of Delivery <i>1-9-14</i> |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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) Yes

2. Article (Tra) 7008 3230 0003 0726 3482 *CA/FO*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540