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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage \$		4/13/15	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Chris Skelton, P.G.
 Total Po Consultant, AGPROfessionals
 3050 67th Avenue, Suite 200
 Greeley, CO 806347

Sent To _____
 Street, Ap. or PO Bo. _____
 City, State _____

DOCKET NO.: CWA-08-2015-0012

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"/> Tracy Spencer <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>B.</i></p> <p>Chris Skelton, P.G. Consultant, AGPROfessionals 3050 67th Avenue, Suite 200 Greeley, CO 806347</p> <p>DOCKET NO.: CWA-08-2015-0012</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery 15 April 15</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>APR 14 2015</p>	
		<p>3. Service Type</p> <p><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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Arti (Tra) 7008 3230 0003 0727 6826</p>		<p><i>CAFD</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	