

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

7009 3410 0000 2592 1117

Postage \$	
Certified Fee	
Return R (Endorsement)	Postmark
Restricted D (Endorsement)	
Total Postage	
Sent To	
Street, Apt. No. or PO Box No	
City, State, Zi	

Brian D. Hardy, Co-Owner, General Manager
Tuleview Holsteins, LC
 3021 N. 2800 W.
 Brigham City, UT 84302

DOCKET NO.: CWA-08-2010-0046

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:

DEC 29 2010

Brian D. Hardy, Co-Owner, General Manager
Tuleview Holsteins, LC
 3021 N. 2800 W.
 Brigham City, UT 84302

DOCKET NO.: CWA-08-2010-0046

2. Article Number
 (Transfer)

7009 3410 0000 2592 1117

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Chad Hardy* Agent Addressee

B. Received by (Printed Name)
Hardy

C. Date of Delivery
 12/31/10

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

Next Order

102595-02-M-1540