

7009 3410 0000 2595 1336

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Pk
Ralph E. Combs, Manager, Corp. Development
The Termo Company
 3275 Cherry Avenue
 Long Beach, CA 90807

Sent To
 Street, Ap
 or PO Box
 City, State,

DOCKET NO.: CWA-08-2012-0004

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 - 9 2012

Ralph E. Combs, Manager, Corp. Development
The Termo Company
 3275 Cherry Avenue
 Long Beach, CA 90807

DOCKET NO.: CWA-08-2012-0004

2. Article Number

(Transfer from service)

7009 3410 0000 2595 1336

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

102595-02-M-1540