

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

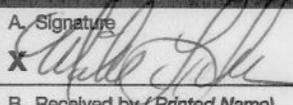
7009 3410 0000 2592 1476

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

Sent To
 Street, Apt. No.
 or PO Box No
 City, State, Zip

**Mike Trahern, President
 Farmers New Holland, Inc.
 46485 U.S. Hwy. 24
 Brighton, CO 80807
 Docket No.: SDWA-08-2011-0034**

PS Form 3800

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. 	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> <p>Mike Trahern, President Farmers New Holland, Inc. 46485 U.S. Hwy. 24 Brighton, CO 80807 Docket No.: SDWA-08-2011-0034</p> </div>	B. Received by (Printed Name) Mike Trahern
2. Article Number (Transfer from service label) C	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
JUN 8 2011	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)	<input type="checkbox"/> Yes	
7009 3410 0000 2592 1476		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540