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OFFICIAL USE

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Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

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Total Po _____

Sent To **Mary Ann Keeler, General Manager**
 Garland Power and Light Co., Inc.
 755 Highway 14A
 Powell, WY 82435

Street, Apt. or PO Box _____
 City, State, _____

DOCKET NO.: TSCA-08-2009-0008

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"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Robert Blevins</i></p>
<p>1. Article Addressed to: JAN 30 2009</p> <p>Mary Ann Keeler, General Manager Garland Power and Light Co., Inc. 755 Highway 14A Powell, WY 82435</p> <p>DOCKET NO.: TSCA-08-2009-0008</p>	<p>B. Received by (Printed Name) Robert Blevins C. Date of Delivery 2-2-09</p>
<p>2. Article (Transfer from service)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>7007 3020 0003 3320 9054</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>CA/FO</p> <p>102595-02-M-1540</p>