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CERTIFIED MAIL™ RECEIPT
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OFFICIAL MAIL *CA/FO*

7008 3230 0003 0729 6084

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

01/13/10

Postmark
Here

Recite
(Endorse)
David Edmunds
Falcon Auto Service Center, LLC.
 14195 U.S. Hwy. 24
 Peyton, CO 80831

Item # _____
 Weight _____
 or PO Box # _____
 Zip: 80831, 29124 _____
DOCKET NO.: SDWA-08-2009-0089

PS Form 3811, August 2004 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 <i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by / Printed Name VAL DUEBIN</p> <p>C. Date of Delivery 1/13/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>David Edmunds Falcon Auto Service Center, LLC. 14195 U.S. Hwy. 24 Peyton, CO 80831</p> <p>DOCKET NO.: SDWA-08-2009-0089</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>2. Article Number (Transfer to)</p> <p>7008 3230 0003 0729 6084</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

JAN 13 2010 D

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