

7008 3230 0003 0729 5254

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL MAIL** CAIRO

Postage	\$	4/14/2010
Certified Fee		
Return Receipt Fee (Enrollment Required)		Receipt Date
Restricted Delivery Fee (Enrollment Required)		

Total: **Gary Graff**  
**D & G Automotive**  
 P. O. Box 145  
 Peyton, CO 80831-0145

Sheet 1 of 1  
 Docket No: **SDWA-08-2009-0090**

PS Form 3811, August 2008 See Reverse for Official Note

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Judy Graff</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Judy Graff</i> Date of Delivery <i>4/16/10</i></p> <p>C. 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: <b>APR 14 2010</b></p> <p><b>Gary Graff</b>  <b>D &amp; G Automotive</b>  <b>P. O. Box 145</b>  <b>Peyton, CO 80831-0145</b></p> <p><b>DOCKET NO.: SDWA-08-2009-0090</b></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article # (Track) <b>7008 3230 0003 0729 5254</b></p>	<p><b>CAIRO</b></p>

