

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:

Bret Wolz
Falcon Consulting Services, L.L.C.
P. O. Box 5943
Gillette, WY 82717-5943

2. Article Number
(Transfer from service label)

7004 1350 0001 5668 8620

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Debra M

☐ 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

JUN - 8 2009

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

US EPA REGION 8
1595 Wynkoop Street
Denver, CO 80202-1129

JUN 15 2009

Office of Enforcement
Compliance & Environmental Justice

SCGT
SDWA 08 2009 0047

ENF-UFO *Susanne McCaffrey*