

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 3410 0000 2595 5211

Postage \$		1065112	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement F)			
Total Postage	Arthur E. Martinez a/k/a Art E. Martinez Surface Creek Auto 21256 Myers Road Eckert, CO 81418		
Sent To	DOCKET NO.: SDWA-08-2012-0016		
Street, Apt. No. or PO Box No. City, State, ZIP			

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. 	A. Signature <input checked="" type="checkbox"/> <i>Kathy Martinez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Arthur E. Martinez a/k/a Art E. Martinez Surface Creek Auto 21256 Myers Road Eckert, CO 81418 DOCKET NO.: SDWA-08-2012-0016	B. Received by (Printed Name) <i>Kathy Martinez</i> C. Date of Delivery <i>10/29/12</i>
2. Article Number (Trans) 7009 3410 0000 2595 5211	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
OCT 26 2012	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Domestic Return Receipt

102595-02-M-1540