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OFFICIAL CAUSE

12/18/08

Postage	\$	
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Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endo:)</small>		
Total		

Postmark Here

Robert P. Arambel, Managing Director
Jim Bridger Power Plant
P. O. Box 158
Point of Rocks, WY 82942

DOCKET NO.: TSCA-08-2009-0006

See Reverse for Instructions

PS Form 3800, August 2006

7007 3020 0003 3320 9078

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>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">DEC 17 2008</p> <p>Robert P. Arambel, Managing Director Jim Bridger Power Plant P. O. Box 158 Point of Rocks, WY 82942</p> <p>DOCKET NO.: TSCA-08-2009-0006</p> <p style="font-size: 1.5em; font-weight: bold;">RC I</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Julia Nichols</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Julia Nichols</i> <i>12-22-08</i></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>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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. 7007 3020 0003 3320 9078 CAUSE</p>	