

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE** *CA/FO*

5865 0729 0003 3230 6220 9995

Postage \$		Postmark Here <i>2/17/2011</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	<b>Scott L. Soelbert, Registered Agent</b> <b>Double D Distribution</b> 1031 N. 1560 E. Orem, UT 84097	
Sent To	Orem, UT 84097	
Street, A or PO Box	<b>DOCKET NO.: CWA-08-2010-0032</b>	
City, State		

PS Form 3800, August 2006 for instructions

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>X Soelbert</i></p> <p>B. Received by (Printed Name) C. Date of Delivery                  _____ <i>2-24-11</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>1. Article Addressed to: <i>FEB 18 2011</i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Scott L. Soelbert, Registered Agent                      Double D Distribution                      1031 N. 1560 E.                      Orem, UT 84097</p> <p><b>DOCKET NO.: CWA-08-2010-0032</b></p> </div>	<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 N (Transfer) <i>7008 3230 0003 0729 5865</i></p>	<p><i>CA/FO</i></p>