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.		A. Signature  X. Dullu ( John Addressee  B. Received by ( Printed Name)  C. Date of Delivery	
Mr. George Eidsness, Registered Trans-West, Inc. 7626 Brighton Road Commerce City, CO 80022	Agent	3. Service Type	
DOCKET NO.: CAA-08-2008-00	)30	☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Rec	ail ceipt for Merchandise
$\sim$		☐ Insured Mail ☐ C.O.D.	
R	C	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	7008 11	4. Restricted Delivery? (Extra Fee)	