

7009 3410 0000 2595 5426

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 *WAD 3/25/13*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Doug Parce
Total **Bargath, LLC**
1050 17th Street, Suite 1800
Denver, CO 80265

Sent to
Street or PO
City, State, ZIP+4[®]
DOCKET NO.: CWA-08-2013-0019

PS Form 3800, August 2006

See Reverse for Instructions

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:

Doug Parce
Bargath, LLC
1050 17th Street, Suite 1800
Denver, CO 80265
DOCKET NO.: CWA-08-2013-0019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Kate Thompson Agent
 Addressee

B. Received by (Printed Name) *Katie Thompson* C. Date of Delivery *3/25/13*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A **MAR 22 2013**

2. **7009 3410 0000 2595 5426**