

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

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

OFFICIAL USE

7009 3410 0000 2595 5877

| | | | |
|--|-------------------------------------|-------|---------------|
| Postage \$ | | 71813 | Postmark Here |
| Certified Fee | | | |
| Return Receipt Fee (Endorsement Required) | | | |
| Restricted Delivery Fee (Endorsement Required) | | | |
| Total | Basin Western, Inc. | | |
| | P. O. Box 877 | | |
| | Ballard, UT 84066-0877 | | |
| | DOCKET NO.: CWA-08-2013-0016 | | |
| Sent To | | | |
| Street, or PO | | | |
| City, S | | | |

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:

Lloyd Dean, President
Basin Western, Inc.
 P. O. Box 877
 Ballard, UT 84066-0877
DOCKET NO.: CWA-08-2013-0016

2. Article Number (Transfer) **7009 3410 0000 2595 5877**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
J. L. Dean

B. Received by (Printed Name) **J. L. DEAN**

C. Date of Delivery **JUL 11 2013**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540