

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

7008 3230 0003 0726 3109

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

Postmark Here
 8/15/13

Zac Langston, Secretary/Office Manager
Langston Concrete, Inc.
 316 South 11th Street
 Canon City, CO 81212
DOCKET NO.: CWA-08-2013-0014

Sent To _____
 Street, Apt. No. or PO Box No. _____
 City, State, ZIP+4 _____

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:

Zac Langston, Secretary/Office Manager
Langston Concrete, Inc.
 316 South 11th Street
 Canon City, CO 81212
DOCKET NO.: CWA-08-2013-0014

2. Article (Transfere) 7008 3230 0003 0726 3109

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Schneider* C. Date of Delivery *8-22*

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

8 AUG 16 2013

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540