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Postage \$		12/17/13	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total F		<b>Tomi White, Board President</b> <b>Kenning Springs Pipeline Co.</b> P. O. Box 1284 Afton, WY 83110	
Sent To	Afton, WY 83110		
Street, # or POB City, Sta	DOCKET NO.: SDWA-08-2013-0065		

PS Form 3800, August 2006 See Reverse 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 checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Tomi White WY</p> <p>C. Date of Delivery            1/2/14</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:</p> <p>Tomi White, Board President            Kenning Springs Pipeline Co.            P. O. Box 1284            Afton, WY 83110</p> <p>DOCKET NO.: SDWA-08-2013-0065</p> <p>DEC 18 2013 C</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" 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. 7008 3230 0003 0726 3468</p>	<p>Order</p>