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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7008 3230 0003 0727 6802

Postage	\$	4/6/15 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Postage		
Sent To: David Gouveia Canon Marine, Inc. 927 Highway 115 Penrose, CO 81240		
Street, Apt. or PO Box: DOCKET NO.: SDWA-08-2014-0037 City, State, ZIP+4:		

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <i>David Gouveia</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: G David Gouveia Canon Marine, Inc. 927 Highway 115 Penrose, CO 81240 DOCKET NO.: SDWA-08-2014-0037	B. Received by (Printed Name): <i>David Gouveia</i> C. Date of Delivery: <i>4/6/15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article (Tra) 7008 3230 0003 0727 6802	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

APR 07 2015

102595-02-M-1540

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