

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

7005 1820 0005 4855 7872

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Business Reply Required)		
Restricted Delivery Fee (Extra)		
To	Douglas L. Olson Slim Olson Service Station 2301 South Main Street Bountiful, UT 84010	
City	DOCKET NO.: EPCRA-08-2008-0002	

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Elaine Sym</i>
1. Article Addressed to: Douglas L. Olson Slim Olson Service Station 2301 South Main Street Bountiful, UT 84010 DOCKET NO.: EPCRA-08-2008-0002	B. Received by (Printed Name) C. Date of Delivery 1-28-08
2. Article Number (Transfer) A 7005 1820 0005 4855 7872	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102201-02-01-1540