

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 0729 6831

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

7/13/2010

Postmark
Here

**Thomas V. Larson, Member
 TPJ Investors, LLC.**
 250 Bronk Street
 Monte Vista, CO 81144

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

DOCKET NO.: SDWA-08-2010-0060

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:

JUL 13 2010

**Thomas V. Larson, Member
 TPJ Investors, LLC.**
 250 Bronk Street
 Monte Vista, CO 81144

DOCKET NO.: SDWA-08-2010-0060

2. Arti
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7008 3230 0003 0729 6831

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Susan Gillespie*

- Agent
 Addressee

B. Received by (Printed Name)

SUSAN Gillespie

C. Date of Delivery

07/13/10

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