

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage		Postmark Here 12/13/07
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

Total Pk: Douglas W. Wolf
 Card To: Sonosky, Chambers, Sachse, Endreson & Perry LLP
 1425 K Street, N. W.
 Suite 600
 Washington, DC 20005
 City, State: **DOCKET NO.: SDWA-08-2007-0082**

PS Form 3811, June 2002 See Reverse for Instructions

7005 1820 0005 4855 7766

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. <p>1. Article Addressed to: Rc DEC 14 2007 B</p> <p>Douglas W. Wolf Sonosky, Chambers, Sachse, Endreson & Perry LLP 1425 K Street, N. W. Suite 600 Washington, DC 20005 DOCKET NO.: SDWA-08-2007-0082</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) D. SACHSE C. Date of Delivery 12/13/07</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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article No. (7) 7005 1820 0005 4855 7766 3rd extension</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt SACFRI-03-2-0988</p>	