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CERTIFIED MAIL - RECEIPT
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OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Enclosure Required) _____
 Restricted Delivery Fee (Enclosure Required) _____

Total **Ronald M. Eddy, #10899**
Sherman and Howard, LLC,
 633 Seventeenth Street, Suite 3000
 Denver, CO 80202

City, State, ZIP+4[®] _____
DOCKET NO.: CWA-08-2010-0008

PS Form 3811, August 2003 Use Reverse for Return Receipt

| 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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery</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 style="text-align: right; font-size: 1.2em;">APR 20 2010</p> <p>Ronald M. Eddy, #10899 Sherman and Howard, LLC, 633 Seventeenth Street, Suite 3000 Denver, CO 80202</p> <p>DOCKET NO.: CWA-08-2010-0008</p> | <p>3. Service Type</p> <p><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> |