

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 6008

Postage	\$	\$1.25/11
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorser)		
Total P		
Sent To	Brian D. Hardy, Managing Member Tuleview Holsteins, LLC 021 North 2800 West Brigham City, UT 84302	
Street, A or PO Box	DOCKET NO.: CWA-08-2010-0046	
City, State, ZIP+4™		

Postmark
Here

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: APR 28 2011

Brian D. Hardy, Managing Member
 Tuleview Holsteins, LLC
 3021 North 2800 West
 Brigham City, UT 84302

DOCKET NO.: CWA-08-2010-0046

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

2. Article Number (Transfer) 7008 3230 0003 0729 6008

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540