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CERTIFIED MAIL RECEIPT
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OFFICIAL USE

7008 3230 0003 0729 5667

Postage \$		9/30/10 Postmark Here
Certified Fee		
Return Receipt Fee (Enrollment Required)		
Restricted Delivery Fee (Enrollment Required)		
Total:	Michael Jarosz, Ph.D. Cattleman's Choice Loomix, LLC. 22915 County Road 15 Johnstown, CO 80534	
Send To:		
Street or PO Box	DOCKET NO.: CERCLA-08-2010-0007	
City, State		

PS Form 3847, August 2004

See Reverse for Instructions

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>Stacie Thomas</i></p> <p>B. Received by (Printed Name) <i>Stacie E. Thomas</i></p> <p>C. Date of Delivery <i>10-4-10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: right; font-size: 1.2em;">SEP 30 2010</p> <p>Michael Jarosz, Ph.D. Cattleman's Choice Loomix, LLC. 22915 County Road 15 Johnstown, CO 80534</p> <p>DOCKET NO.: CERCLA-08-2010-0007</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article (Item) 7008 3230 0003 0729 5667</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102505-02-00-0000</p>	