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OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		

6/24/09

Postmark Here

Total **Daniel G. Murphy, Manager**
VersaCold Logistics Services
5120 Race Court
Denver, CO 80216

Sent 7 _____
Street or PO _____
City, State _____

DOCKET NO.: CAA-08-2009-0025

See Reverse for instructions

PS Form 3800, August 2006

7008 3230 0003 0729 7999

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ 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: JUN 25 2009</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Daniel G. Murphy, Manager VersaCold Logistics Services 5120 Race Court Denver, CO 80216</p> <p>DOCKET NO.: CAA-08-2009-0025</p> </div>	<p>3. Service Type</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>2. Article Number (Transfer from service) 7008 3230 0003 0729 7999</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>