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 Amended CA/PD

7009 3410 0000 2596 2851

Postage	\$	6/28/12 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		
Sent To Street, Apt. or PO Box # City, State, ZIP+4®		
Tony Lucero, Env. Health & Safety Coord. Enerplus Resources (USA) Corp. 950 17 <sup>th</sup> Street, Suite 220 Denver, CO 80202-2805 DOCKET NO.: CAA-08-2011-0021		

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Kelley C. Roser</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Tony Lucero, Env. Health & Safety Coord. Enerplus Resources (USA) Corp. 950 17 <sup>th</sup> Street, Suite 220 Denver, CO 80202-2805 DOCKET NO.: CAA-08-2011-0021	B. Received by (Printed Name) C. Date of Delivery 6/29/12
2. Article (Transf) 7009 3410 0000 2596 2851	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
5 JUN 28 2012	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	Amended CA/PD
102595-02-M-1540	