

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

Postage	\$	<div style="font-size: 2em; font-weight: bold;">9/11/07</div> Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage		
Sent To: James P. Teitheid, General Manager Superior Colorado, Inc. 4900 Clarkson Street Denver, CO 80216		
Street, Apt. # or PO Box # City, State, Z.		
DOCKET NO.: EPCRA-08-2007-0005		

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0005 4855 9579

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>1. Article Addressed to:</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">SEP 12 2007</p> <p>James P. Teitheid, General Manager Superior Colorado, Inc. 4900 Clarkson Street Denver, CO 80216</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">SEP 12 2007</p> <p>DOCKET NO.: EPCRA-08-2007-0005</p> <p style="font-size: 2em; font-weight: bold; margin-top: 20px;">RC</p>	<p>A. Signature <input type="checkbox"/> Agent</p> <p>X <i>Manuel Montfort</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Manuel Montfort</i> 9-13-07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p style="margin-left: 20px;">If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto;"> </div> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from) 7005 1820 0005 4855 9579 CAFO</p>	