

7005 0390 0000 4848 3623

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Postmark Required)		
Restricted Delivery Fee (Postmark Required)		
Total Postage		

Send To  
 Street, Apt. No. or P.O. Box No.  
 City, State, ZIP

**Hank Ridless, President**  
**Circle Graphics, Inc.**  
**120 9<sup>th</sup> Avenue, Unit B**  
**Longmont, CO 80501**  
**Docket No: EPCRA-08-2009-0001**

PS Form 3811

**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: **FEB 24 2009**

**Hank Ridless, President**  
**Circle Graphics, Inc.**  
**120 9<sup>th</sup> Avenue, Unit B**  
**Longmont, CO 80501**  
**Docket No: EPCRA-08-2009-0001**

*RA* *S*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*[Signature]*

B. Received by (Printed Name)  Date of Delivery

*Nicole Novak 2/25/09*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

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