

**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

Notice to Order

Postage	\$	8/24/2011 Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Re</small>		
Total Postage:		

**Sent To:** Gerald H. Kinghorn  
 Parsons, Kinghorn, and Harris  
 111 East Broadway, 11<sup>th</sup> floor  
 Salt Lake City, UT 84111

**DOCKET NO.:** CWA-08-2010-0020

PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0003 0726 5967

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>G. Kinghorn</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)  <i>G. Kinghorn</i></p> <p>C. Date of Delivery  <i>8/24/11</i></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:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Gerald H. Kinghorn</b>  <b>Parsons, Kinghorn, and Harris</b>            111 East Broadway, 11<sup>th</sup> floor            Salt Lake City, UT 84111</p> <p><b>DOCKET NO.:</b> CWA-08-2010-0020</p> </div>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from)</p> <p style="font-size: 1.2em; font-weight: bold;">7008 3230 0003 0726 5967</p>	<p style="font-size: 1.5em; font-weight: bold; text-align: center;">AUG 25 2011</p> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">notice + order</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	