

7009 3410 0000 2596 3087

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL CALFOUSE

Postage	\$	4/10/12 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	William Tsiouvaras, President	
Sent To	Sterling Oil and Gas Co.	
Street, Apt. No. or PO Box No.	213 E. Chestnut Street	
City, State, ZIP	Sterling, CO 80751	
	DOCKET NO.: CWA-08-2012-0012	

PS Form 3800, August 2006 See Reverse for Instructions

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 <input checked="" type="checkbox"/> <i>Bill Tsiouvaras</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>William Tsiouvaras, President Sterling Oil and Gas Co. 213 E. Chestnut Street Sterling, CO 80751 DOCKET NO.: CWA-08-2012-0012</p>		<p>B. Received by (Printed Name) Bill Tsiouvaras C. Date of Delivery 4/18/12</p>	
<p>2. Article Num (Transfer fr) 7009 3410 0000 2596 3087</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<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>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

102595-02-11-1540