

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

7009 3410 0000 2595 5495

Postage \$		12/13/12 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	William E. Zimsky, Esq. Abadie Schill	
Sent To	1099 Main Street, Suite 315	
Street, or PO	Durango, CO 81301	
City, St	DOCKET NO.: SDWA-08-2011-0079	

PS Form 3800, August 2006

See Reverse for Instructions

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:

A DEC 14 2012

William E. Zimsky, Esq.
 Abadie Schill
 1099 Main Street, Suite 315
 Durango, CO 81301
 DOCKET NO.: SDWA-08-2011-0079

2. Article Number

(Trs) 7009 3410 0000 2595 5495

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Scott Schill

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/13/12

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-02-M-1540