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CERTIFIED MAIL - RECEIPT
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OFFICIAL USE

Postage		<i>Order</i> <i>5/6/10</i>
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Fee		Postmark Here

Send To: **Roger Freeman**
Davis, Graham & Stubbs, LLP.
 1550 17th Street, Suite 500
 Denver, CO 80202

DOCKET NO.: CWA-08-2009-0034

PS Form 3811, August 2008 See Reverse for Instructions

7008 3230 0003 0729 9322

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="margin-left: 20px;">Roger Freeman Davis, Graham & Stubbs, LLP. 1550 17th Street, Suite 500 Denver, CO 80202</p> <p style="margin-left: 20px;">DOCKET NO.: CWA-08-2009-0034</p> <p style="margin-left: 20px; font-size: 1.2em;">MAY - 6 2010</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Dalia Apolinar</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right;"><i>5/7</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>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>

2. A/M 7008 3230 0003 0729 9322 *Order*

PS Form 3811, February 2004 Domestic Return Receipt 112505-02-M-1040