

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 2594 7902

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

9/21/11

Postmark
Here

Total Postage
Kurt Menges, Owner
Menges Auto Repair
 1100 Barnes Avenue
 LaJuanta, CO 81050-2612

Sent To

Street, Apt. #
or PO Box N
City, State, Z

DOCKET NO.: SDWA-08-2011-0010

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: **SEP 21 2011**

Kurt Menges, Owner
Menges Auto Repair
 1100 Barnes Avenue
 LaJuanta, CO 81050-2612

DOCKET NO.: SDWA-08-2011-0010

2. Article
(Transfer)

7009 3410 0000 2594 7902

CA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Kurt Menges** C. Date of Delivery

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