

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 2597 5493

Postage	\$	9/14/11 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To Kevin P. Kauffman, Chairman & CEO K. P. Kauffman Co., Inc. 1675 Broadway, Suite 2800 Denver, CO 80202		
Street, Apt or PO Box City, State,		
DOCKET NO.: CWA-08-2011-0028		

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 14 2011

Kevin P. Kauffman, Chairman & CEO
 K. P. Kauffman Co., Inc.
 1675 Broadway, Suite 2800
 Denver, CO 80202
DOCKET NO.: CWA-08-2011-0028

2. Article Num
 (Transfer fr

7009 3410 0000 2597 5493

CWA/FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Laura Garcia* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes