

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

7089 5101 0004 1140 2008

Postage	\$	514109
Certified Fee		
Special Delivery Fee (Insurance Required)		
Postmark		
Hand		

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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. Addressee for:

Jeff Heppner, Owner
 A-All Area Transmission
 1700 South 120th Street, 4-A
 Lafayette, CO 80026

MAY 14 2009

DOCKET NO.: SDW-A-08-2008-0089

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent

B. Received By (Printed Name) *Jeff Heppner* Addressee

C. Date of Delivery *5-18-09*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: *[None]*

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

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PS Form 3811, February 2004

Domestic Return Receipt

10296-02-00-1001