

7009 3410 0000 2595 5747

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

Postage \$		1/11/13 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>To: Dean Derr, Managing Member</b>		
<b>Transtank of Colorado, LLC.</b>		
1825 13 <sup>th</sup> Street		
Greeley, CO 80631		
<b>DOCKET NO.: CWA-08-2013-0004</b>		

PS Form 3800, August 2006 See Reverse for Instructions

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>JAN 14 2013</b></p> <p>Dean Derr, Managing Member Transtank of Colorado, LLC. 1825 13<sup>th</sup> Street Greeley, CO 80631 DOCKET NO.: CWA-08-2013-0004</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>DOERR</i> <i>1/15</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  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Art (Tr) <u>7009 3410 0000 2595 5747</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	