

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 3410 0000 2594 7926

Postage	\$	10/18/2011 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To	Paul D. Phillips/Christopher L. Colclasure Holland and Hart, LLP 555 Seventeenth Street, Suite 3200 Denver, CO 80201-8749	
Street, Apt. No. or PO Box No	DOCKET NO.: CWA-08-2011-0035	
City, State, Zip		

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:

OCT 18 2011

Paul D. Phillips/Christopher L. Colclasure  
 Holland and Hart, LLP  
 555 Seventeenth Street, Suite 3200  
 Denver, CO 80201-8749

DOCKET NO.: CWA-08-2011-0035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature J Soll  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 10/19/11

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

2. u 7009 3410 0000 2594 7926 Extension

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540