

7009 3410 0000 2595 5327

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**

Postage	\$	11/27/12 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **Kerry Smith, Owner**  
**Top County Auto Sales**  
 Sent To 605 3<sup>rd</sup> Street  
 Street, Apt. N Penrose, CO 81240  
 or PO Box No DOCKET NO.: SDWA-08-2012-0045  
 City, State, Zi

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          Kerry Smith 12-4-12</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Kerry Smith, Owner</b>  <b>Top County Auto Sales</b>            605 3<sup>rd</sup> Street            Penrose, CO 81240            DOCKET NO.: SDWA-08-2012-0045</p> </div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">NOV 28 2012</p>	<p>3. Service Type</p> <p><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. Article (Tra) 7009 3410 0000 2595 5327</p>	<p>CA/PO</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	