

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

10/10/07

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Enforcement Required)		
Restricted Delivery Fee (Enforcement Required)		

Total Postage: **Joel W. Cantrick**

Send To: **Ducker, Montgomery, Aronstein & Bess, P. C.**
 1560 Broadway, Suite 1400
 Denver, CO 80202

Restrict, Agent, Yes or PO Box No.
 City, State, ZIP: **DOCKET NO.: CWA-08-2007-0020**

PS Form 3811, June 2004 See Reverse for Instructions

7005 1820 0005 4855 8756

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <p>Joel W. Cantrick Ducker, Montgomery, Aronstein & Bess, P. C. 1560 Broadway, Suite 1400 Denver, CO 80202</p> <p>DOCKET NO.: CWA-08-2007-0020</p>	<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) SKINNEY C. Date of Delivery</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>RC OCT 11 2007 I</p> <p>2. Article Number (Transfer to) 7005 1820 0005 4855 8756 <i>Extension Order</i></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>
PS Form 3811, February 2004 Domestic Return Receipt 102505-02-01-1040	