

**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**

7005 1820 0005 4855 7940

Postage	\$	
Certified Fee		
Return Receipt Fee (Endowment Required)		
Restricted Delivery Fee (Endowment Required)		
<b>Total Fee</b>		
Sent To	<b>Andrew R. Joppa</b>	
Street, Apt. or PO Box	Mountain States Employer's Council Attorney for United Power, Inc. 1799 Pennsylvania St., P. O. Box 539 Denver, CO 80201-0539	
City, State	DOCKET NO.: TSCA-08-2007-0014	

01/31/08

Postmark Here

PS Form 3800, June 2002

See Reverse for Restrictions

**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: *RC* FEB 01 2008

**Andrew R. Joppa**  
 Mountain States Employer's Council  
 Attorney for United Power, Inc.  
 1799 Pennsylvania St., P. O. Box 539  
 Denver, CO 80201-0539  
 DOCKET NO.: TSCA-08-2007-0014

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Randy Poun...*  Agent  Addressee  
 B. Received by (Printed Name): *Randy Poun...*  
 C. Date of Delivery: *1/31/08*  
 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. Art. No. *B*  
 (The) *7005 1820 0005 4855 7940* *Third Extension*

PS Form 3811, February 2004

Domestic Return Receipt

10295-02-00-0340