

7009 3410 0000 2594 7797

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

Postage \$ 2/29/12

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

William E. Zimsky (#25318)

Total P **Abadie, Schill**

Sent To **1099 Main Avenue, Suite 315**

Street, Apt. or PO Box **Durango, CO 81301**

City, State **DOCKET NO.: SDWA-08-2011-0079**

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: **FEB 29 2012**

William E. Zimsky (#25318)
Abadie, Schill
 1099 Main Avenue, Suite 315
 Durango, CO 81301
 DOCKET NO.: SDWA-08-2011-0079

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Scott Eddy

B. Received by (Printed Name)

C. Date of Delivery **3/2/12**

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Tra) **7009 3410 0000 2594 7797**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154