

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

7008 3230 0003 0729 5766

Postage \$	11/04/10 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Fred Nelson, President The Kinnear Store, Inc. P. O. Box 372 11519 Hwy. 26 Kinnear, WY 82516	
DOCKET NO.: SDWA-08-2009-0040	
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>	A. Signature X <i>Fred Nelson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <i>Fred Nelson</i>
NOV 5 2010 Fred Nelson, President The Kinnear Store, Inc. P. O. Box 372 11519 Hwy. 26 Kinnear, WY 82516 DOCKET NO.: SDWA-08-2009-0040 A	C. Date of Delivery <i>11/8/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article (Transit)	7008 3230 0003 0729 5766 CA1FO
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540