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CERTIFIED MAIL RECEIPT

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OFFICIAL USE

7008 3230 0003 0729 1362

Postage \$		9/13/10 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery (Endorsement Fee)		
Total Postage \$		
Sent to	Mike Buscetta, Facility Manager American Furniture Warehouse 8501 Grant Street Thornton, CO 80229	
Special Agent Mail or PO Box No.	DOCKET NO.: CWA-08-2010-0028	
ZIP Code, ZIP+4		

PS Form 3811, August 2004

Use Restricted for Official Use Only

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>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name): _____ C. Date of Delivery: _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Mike Buscetta, Facility Manager American Furniture Warehouse 8501 Grant Street Thornton, CO 80229</p> <p>DOCKET NO.: CWA-08-2010-0028</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 Number: 7008 3230 0003 0729 1362</p> <p>(Postage only)</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 10225-22-M-1000</p>