

7009 3410 0000 2595 5822

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 \$ 6/26/13

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement) \_\_\_\_\_

Total \_\_\_\_\_

Sent To \_\_\_\_\_

Street or PO \_\_\_\_\_

City, State \_\_\_\_\_

**Ronald Meier, Registered Agent**  
**Rocky Ford Pet Foods, Inc.**  
 26242 Highway 71  
 Rocky Ford, CO 81067-9523  
**DOCKET NO.: SDWA-08-2013-0025**

Postmark Here

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>	<p>A. Signature  <input checked="" type="checkbox"/> Nancy Williams <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name) <u>Nancy Williams</u> C. Date of Delivery <u>7/1/13</u></p>	
<p>1. Article Addressed to:</p> <p><b>Ronald Meier, Registered Agent</b>  <b>Rocky Ford Pet Foods, Inc.</b>          26242 Highway 71          Rocky Ford, CO 81067-9523  <b>DOCKET NO.: SDWA-08-2013-0025</b></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>2. Article N (Transfer) <u>7009 3410 0000 2595 5822</u></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p><b>JUN 27 2013</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		