

7009 3410 0000 2595 5792

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

Postage \$		6/26/13 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	John McCleary, Superintendent	
	Freemont RE-3 School District	
	345 County Road 12; P. O. Box 385	
Sent To	Cotopaxi, CO 81223	
Street, A/ or PO Bo	DOCKET NO.: SDWA-08-2013-0021	
City, Stat.		

PS Form 3800, August 2006

See Reverse for Instructions

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"/> Agent <input type="checkbox"/> Addressee <i>Richard A Workman</i></p> <p>B. Received by (Printed Name) <i>Richard A Workman</i></p> <p>C. Date of Delivery <i>6-28-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>John McCleary, Superintendent Freemont RE-3 School District 345 County Road 12; P. O. Box 385 Cotopaxi, CO 81223 DOCKET NO.: SDWA-08-2013-0021</p> <p>JUN 27 2013</p>	<p>3. Service Type</p> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>7009 3410 0000 2595 5792</p>	<p><i>CA/FO</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540