

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

7009 3410 0000 2595 5860

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

7/8/2013

Postmark
Here

William E. Zimsky (#25318)

Total Po **Abadie, Schill**
 1099 Main Avenue, Suite 315
 Durango, CO 81301

Sent To
 Street, Apt. or PO Box
 City, State
DOCKET NO.: SDWA-08-2011-0079

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 X <i>W Brankin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) W Brankin</p> <p>C. Date of Delivery 7-16-13</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>William E. Zimsky (#25318) Abadie, Schill 1099 Main Avenue, Suite 315 Durango, CO 81301 DOCKET NO.: SDWA-08-2011-0079</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service)</p> <p>JUL -9 2013</p> <p>7009 3410 0000 2595 5860</p>	<p>Initial Decision</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540