

7008 3230 0003 0728 9352

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	\$	11/2/13
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total Postage: **Tomi White, Board President**

Sent To

Kenning Springs Pipeline Co.

P. O. Box 1284

Street, Apt. No.
or PO Box No.
City, State, ZIP

Afton, WY 83110

DOCKET NO.: SDWA-08-2013-0065

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

**Ms. Tomi White, President
Kenning Springs Pipeline, Inc.
P.O. Box 1284
Afton, WY 83110**

SDWA-08-2013-0065
T
SEP 30 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tomi White*

- Agent
- Addressee

B. Received by (Printed Name)

Tomi White

C. Date of Delivery

10-15-13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
(Transfer from se)

7009 3410 0000 2598 4785

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540