

7008 3230 0003 0726 3604

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	3/4/14
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

Total P.c. **Tomi White, President
Kennington Springs Pipeline, Inc.
P. O. Box 1284
Afton, WY 83110**

Sent To
Street, Ap
or PO Box
City, State

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: **3514**

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

DOCKET NO.: SDWA-08-2013-0065

2. Arti (Tra) **7008 3230 0003 0726 3604**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Tomi White* Agent Addressee

B. Received by (Printed Name) *Tomi White* C. Date of Delivery *3/7/14*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes