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7005 1820 0005 4855 8763

Postage	\$	10/11/07
Certified Fee		Postmark Here
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage **Douglas W. Wolf**
 Sonosky, Chambers, Sachs, Erderson & Perry LLP
 1425 K Street, N.W., Suite 600
 Washington, DC 20005

Sent To: **DOCKET NO.: SDWA-08-2007-0082**

Street, Apt or PO Box
 City, State

PS Form 3811, February 2004

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</p> <p>B. Received by (Printed Name) <i>Marie Self</i> C. Date of Delivery <i>10-12-07</i></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>1. Article Addressed to:</p> <p><i>RC</i> <i>A</i></p> <p>Douglas W. Wolf Sonosky, Chambers, Sachs, Erderson & Perry LLP 1425 K Street, N.W., Suite 600 Washington, DC 20005</p> <p>DOCKET NO.: SDWA-08-2007-0082</p> <p>OCT 12 2007</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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 Addressed to:</p> <p>(Name) 7005 1820 0005 4855 8763</p>		<p><i>Order</i></p>	

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