

7007 1490 0001 4774 8993

U.S. Postal Service
CERTIFIED MAILSM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.
OFFICIAL CASE

Postage \$	5.22	Postmark Here
Certified Fee		
Return Receipt For (Endorsement Required)		
Restricted Delivery Fee (Outside)		

Total **Roger Freeman**
Davis Graham and Stubbs LLP
1550 17th Street, Suite 500
Denver, CO 80202

Item # _____
 Street or PO _____
 City, St. _____

DOCKET NO.: CWA-08-2009-0034

PS Form 3811, August 2004 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:

MAY 21 2010

Roger Freeman
Davis Graham and Stubbs LLP
1550 17th Street, Suite 500
Denver, CO 80202

DOCKET NO.: CWA-08-2009-0034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

X *[Signature]*

B. Received by (Printed Name)
J Keir

C. Date of Delivery
5-22

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

MAY 24 2010

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (PS) **7007 1490 0001 4774 8993**

PS Form 3811, February 2004 Domestic Return Receipt 10286-02-M-1940