

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL MAIL**

11/25/09

Postage		Postmark Date
Certified Fee		
Return Receipt For (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Post	<b>Roger Freeman</b> Davis, Graham & Stubbs, L.L.P. 1550 17 <sup>th</sup> Street, Suite 500 Denver, CO 80202	
Sent To		
Street, Apt. or PO Box #	<b>DOCKET NO.: CWA-08-2009-0034</b>	
City, State, Z.		

PS Form 3800, August 2008 See Back for Instructions

7008 1830 0000 5157 2274

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to: <b>BRC</b></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><b>Roger Freeman</b>            Davis, Graham &amp; Stubbs, L.L.P.            1550 17<sup>th</sup> Street, Suite 500            Denver, CO 80202</p> <p><b>DOCKET NO.: CWA-08-2009-0034</b></p> </div> <p style="text-align: right; font-size: 2em; margin-top: 10px;"><b>A</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Roger Freeman</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <span style="float: right;">11/25/09</span></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>3. Service Type  <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 (Item) <b>7008 1830 0000 5157 2274</b></p>	<p><i>Roger Freeman</i></p>
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">10290-02-00-1001</span></p>	