

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**

*Domestic Mail Only. No Insurance Coverage Provided.*

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

**OFFICIAL CAUSE**

7008 3230 0003 0729 5438

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

8/12/10  
 Postmark Here

**Bud Spillman, Manager**  
 Water Treatment Division  
 Cheyenne Board of Public Utilities  
 P. O. Box 1469  
 Cheyenne, WY 82003

**DOCKET NO.: CAA-08-2010-0015**

PS Form 3811, 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:  
 AUG 12 2010

**Bud Spillman, Manager**  
 Water Treatment Division  
 Cheyenne Board of Public Utilities  
 P. O. Box 1469  
 Cheyenne, WY 82003

**DOCKET NO.: CAA-08-2010-0015**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)  
 TRIC...  
 C. Date of Delivery  
 AUG 13 2010

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

E. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Signature Required

F. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from) 7008 3230 0003 0729 5438

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540