

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

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

OFFICIAL USE

12/13/07

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage:		
Recipient Name: Ron Buchhammer Address: Horse Creek P. O. Box 68 Hawk Springs, WY 82217		
ZIP Code: 82217 City, State, ZIP: DOCKET NO.: CWA-08-2008-0002		

PS Form 3811, July 1999 See Reverse for Instructions

7005 3820 0005 4855 7735

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>1. Article Addressed to: RC I</p> <p>Ron Buchhammer Horse Creek P. O. Box 68 Hawk Springs, WY 82217</p> <p>DOCKET NO.: CWA-08-2008-0002</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">DEC 14 2007</p>	<p>A. Received by (Please Print Clearly): [Signature]</p> <p>B. Date of Delivery: 12/17/07</p> <p>C. Signature: X DIANA GUEST</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small></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>7005 3820 0005 4855 7735 OFFICIAL USE</p> <p>PS Form 3811, July 1999 Domestic Return Receipt 10250-00-0002</p>	