

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

Postage		2/11/2010	
Certified Fee			Postmark Here
Return Receipt Fee <small>(Endorsement Required)</small>			
Restricted Delivery Fee <small>(Endorsement Required)</small>			
Total Postage & Fees	\$		

Sent to: **Alison J. Thayer, Attorney**
Temkin, Wielga, Hardt &
Longenecker, LLP.
 Street, A or PO Box: **1900 Wazee Street, Suite 303**
 City, State: **Denver, CO 80202**
 PS Form: **Docket No.: CWA-08-2010-0007**

7008 3230 0003 0729 6855

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: FEB 12 2010</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Alison J. Thayer, Attorney Temkin, Wielga, Hardt & Longenecker, LLP. 1900 Wazee Street, Suite 303 Denver, CO 80202 Docket No.: CWA-08-2010-0007</p> </div> <p style="text-align: right; margin-top: 10px;">D</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="text-align: center;"><i>Alison J. Thayer</i></p> <p>B. Received by: C. Date of Delivery</p> <p style="text-align: center;">FEB 10 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7008 3230 0003 0729 6855</p>	

PS Form 3811, February 2004 Domestic Return Receipt 10230-02-00-1040