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OFFICIAL USE

7009 3410 0000 2595 5341

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total P	William E. Zimsky, Esq. Abadie Schill 1099 Main Street, Suite 315 Durango, CO 81301 DOCKET NO.: SDWA-08-2011-0079	
Sent To		
Street, A or PO Bx		
City, Sta		

PS Form 3800, August 2006 See Reverse for Instructions

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. 		A. Signature X <i>Scott Robby</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DEC 18 2012 William E. Zimsky, Esq. Abadie Schill 1099 Main Street, Suite 315 Durango, CO 81301 DOCKET NO.: SDWA-08-2011-0079 A		B. Received by (Printed Name) C. Date of Delivery _____ <i>12/18/12</i>	
2. Article (Tr) 7009 3410 0000 2595 5341		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
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.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	