

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

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OFFICIAL USE

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

07/08/09

Postmark
Here

Street 75
 Street, Apt
 or PO Box
 City, State
 ZIP+4

Bob Neufeld, Vice President
Environment and Government
Relations
Wyoming Refining Company
1600 Broadway, Suite 2300
Denver, CO 80202
CWA-08-2009-0014

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: JUL 8 - 2009</p> <p>Bob Neufeld, Vice President Environment and Government Relations Wyoming Refining Company 1600 Broadway, Suite 2300 Denver, CO 80202 CWA-08-2009-0014</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 7/9/09</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</p> <p><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 Number (Transfer from service label) 7008 3230 0003 0731 4580</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102005-02-01-10001