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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X January D Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Réceived by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DEC 2 1 2011 Tomi White, President and Registered	
Agent	(E) (DEC 28 2011) 2012 JAN 12 PM 1:5
Kennington Springs Pipeline, Inc.	FILEU
P.O. Box 1284 Afton, WY 83110	3. Service Type
Alton, W1 85110	Certified Mail
SDWA-08-2012-0007	☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from serv. 7009 3410 0001	2597 5073
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
The state of the s	
United States Postal Service	First-Class Mail Postage & Fees Paid
	USPS Permit No. G-10
<u></u>	
 Sender: Please print your name 	, address, and ZIP+4 in this box •
SEPA United States Environmental Protection A	gency

REGION 8 1595 Wynkoop Street Denver, CO 80202-1129

SENF-L-P.L.

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