

7009 3410 0000 2596 2332

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	5/30/2012	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
William E. Zimsky (#25318)			
Total Abadie, Schill			
1099 Main Avenue, Suite 315			
Durango, CO 81301			
DOCKET NO.: SDWA-08-2011-0079			

PS Form 3800, August 2005 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Scott Colby</i></p>	
<p>1. Article Addressed to:</p> <p>William E. Zimsky (#25318) Abadie, Schill 1099 Main Avenue, Suite 315 Durango, CO 81301 DOCKET NO.: SDWA-08-2011-0079</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>6/1/12</i></p>	
<p>2. Article Description (Transfere)</p> <p>7009 3410 0000 2596 2332</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

102595-02-M-1540