

7008 3230 0003 0729 5292

U.S. Postal ServiceSM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL AD

Postage \$	4/20/2010 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

To: **Keith D. Gilstrap**
 Gilco Cos.
 P.O. Box 1061
 Rifle, CO 81650

DOCKET NO.: CWA-08-2010-0010

PS Form 3811, August 2009 Post 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Krista Blaschke</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Krista Blaschke</i> <i>4-23-10</i></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>1. Article Addressed to:</p> <p style="text-align: right; font-size: 1.2em;">APR 21 2010</p> <p>Keith D. Gilstrap Gilco Cos. P.O. Box 1061 Rifle, CO 81650</p> <p>DOCKET NO.: CWA-08-2010-0010</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 No (Transit) <u>7008 3230 0003 0729 5292</u></p>	<p style="text-align: right; font-size: 1.5em;">AD</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 10225-02-04-10-00</p>	