

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

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

OFFICIAL USE

7008 3230 0003 0729 6183

Postage \$		9/29/09 Postmark Date
Certified Fee		
Return Receipt Fee (Enrollment Required)		
Restricted Delivery Fee (Enrollment Required)		
Total P.	Kory Coleman, Area President Allied Waste Systems of Colorado, LLC 8480 Tower Road Commerce City, CO 80022	
Sent to:		
Street, Apt. or PO Box City, State	DOCKET NO.: CAA-08-2009-0032	

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Kory Coleman, Area President
 Allied Waste Systems of Colorado, LLC
 8480 Tower Road
 Commerce City, CO 80022

DOCKET NO.: CAA-08-2009-0032

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Stephanie Kottredo

B. Received by (Printed Name) Agent Addressee
 Stephanie Kottredo

C. Date of Delivery
 10-2-09

D. Is delivery address different from item 1? Yes No
 if YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Art# (75) 7008 3230 0003 0729 6183