

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 MAIL

7008 3230 0003 0731 4382

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

Postmark Here

4/23/09

Sent To
 Steve Swanson
 General Manager
 Millard Refrigerated Services
 or PO Box 2901 First Avenue
 City/State Greeley, CO 80631
 Docket No: CAA-08-2009-0014
 PS Form 3811, February 2004

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: **6002 & 2 APR**

Steve Swanson
 General Manager
 Millard Refrigerated Services
 2901 First Avenue
 Greeley, CO 80631
 Docket No: CAA-08-2009-0014

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X *[Signature]* Agent
- B. Received by (Printed Name) Addressee
- C. Date of Delivery **4/24**
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 3230 0003 0731 4382**

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540