

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

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OFFICIAL USE

7009 3410 0000 2599 0847

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

9/28/11
 Postmark
 Here

To: **Dan Slinger, General Manager**
Stratton Anhydrous Ammonia Plant
 P. O. Box 25, 214 1st Street
 Stratton, CO 80836
DOCKET NO.: CAA-08-2011-0028

PS Form 3800, August 2006

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: **SEP 28 2011**

Dan Slinger, General Manager
Stratton Anhydrous Ammonia Plant
 P. O. Box 25, 214 1st Street
 Stratton, CO 80836
DOCKET NO.: CAA-08-2011-0028

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Victoria J. Cune* Agent
 Addressee

B. Received by (Printed Name) *Victoria Cune* C. Date of Delivery *03-11*

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. A **7009 3410 0000 2599 0847**

CA1FO

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540