

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

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

7008 3230 0003 0729 5087

Postage	\$	1/13/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Total Post	<b>Mr. Bradley Calkins</b> Sav-O-Mat, Inc. 7268 S. Tucson Way Centennial, CO 80112	
Sent to		
Special App. or FO Bar A	<b>DOCKET NO.: CWA-08-2010-0094</b>	
City, State, ZIP		

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:

Mr. Bradley Calkins  
 Sav-O-Mat, Inc.  
 7268 S. Tucson Way  
 Centennial, CO 80112

JAN 14 2010

DOCKET NO.: CWA-08-2010-0094

A

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*Shawn Pawlonek*

B. Received by (Printed Name)  Agent  Addressee

Shawn Pawlonek

C. Date of Delivery

1-15

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. Article (Bar) 7008 3230 0003 0729 5087

AO