

7009 3410 0000 2592 1353

**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**

Postage \$		2/17/2011 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total \$		

**CT Corporation System Registered Agent**  
**RIM Operating, Inc.**  
 136 East South Temple, Suite 2100  
 Salt Lake City, UT 84111

Sent To: [ ]  
 Street, or PO B: [ ]  
 City, Sta.: [ ]

**DOCKET NO.: SDWA-08-2010-0079**

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: FEB 18 2011

**CT Corporation System Registered Agent**  
**RIM Operating, Inc.**  
 136 East South Temple, Suite 2100  
 Salt Lake City, UT 84111

**DOCKET NO.: SDWA-08-2010-0079**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Corete Oneloz*

C. Date of Delivery: *2/22/11*

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 N (Transfer): 7009 3410 0000 2592 1353

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540