

**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** *Extension*

7008 3230 0003 0729 5223

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

*3/23/2010*

Postmark  
Date

Total Pools  
**Ronald M. Eddy, #10899**  
**Sherman and Howard, LLC,**  
 633 Seventeenth Street, Suite 3000  
 Denver, CO 80202

Sent To	
Street, Apt. <sup>7</sup> or PO Box #	<b>DOCKET NO.: CWA-08-2010-0008</b>
City, State, Z.	

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: **MAR 24 2010**

**Ronald M. Eddy, #10899**  
**Sherman and Howard, LLC,**  
 633 Seventeenth Street, Suite 3000  
 Denver, CO 80202

**DOCKET NO.: CWA-08-2010-0008**

*B*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Kathleen Bryant*

B. Received by (Printed Name) **KATHE BRYANT**

C. Date of Delivery **3/23/10**

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): **7008 3230 0003 0729 5223**

*Extension*