

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**

7009 3410 0000 2596 2295

Postage \$		5/17/2012 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
Recipient Name: <b>Vernetta Micky</b> Total Address: 6704 E. Long Avenue Centennial, CO 80112		
Sent		
Street or P.O. Box	DOCKET NO.: CWA-08-2012-0013	
City, State, ZIP+4		

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X <i>Vernetta Micky</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Vernetta Micky 6704 E. Long Avenue Centennial, CO 80112  DOCKET NO.: CWA-08-2012-0013  MAY 18 2012	B. Received by (Printed Name) Vernetta Micky C. Date of Delivery 5/19/12
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number 7009 3410 0000 2596 2295	AD