

7008 3230 0003 0726 5790

U.S. Postal Service		
CERTIFIED MAIL - RECEIPT		
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage \$	9/13/10 Postmark here	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>	Atilano Arviso, Owner A.A.O. Inc. 8150 E. 86 th Avenue Commerce City, CO 80022-5611	
Total Postage & Fee	DOCKET NO.: CWA-08-2010-0027	
Sent To		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
<small>PS Form 3811, August 2008</small>		<small>See Reverse for Instructions</small>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Code of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: SEP 14 2010</p> <p>Atilano Arviso, Owner A.A.O. Inc. 8150 E. 86th Avenue Commerce City, CO 80022-5611</p> <p>DOCKET NO.: CWA-08-2010-0027</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Artist (Name) 7008 3230 0003 0726 5790</p>	<p>CA/ED</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 10259-02-00-1040</p>	