

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 5537

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

9/23/10

Postmark  
Here

**Charles W. Campbell, Associate General Counsel**  
**Kum and Go, L.C.**  
 6400 Westown Parkway  
 West Des Moines, IA 50266

Sent  
Street  
or PO  
City, I

**DOCKET NO.: CWA-08-2010-0022**

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:

**Charles W. Campbell, Associate General Counsel**  
**Kum and Go, L.C.**  
 6400 Westown Parkway  
 West Des Moines, IA 50266

**DOCKET NO.: CWA-08-2010-0022**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  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)  Yes

2. Article Number  
(Transfer from)

7008 3230 0003 0729 5537

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540