

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE *CA/FO*

7008 3230 0003 0729 6893

Postage \$		<i>01/06/2010</i>
Certified Fee		
Return Receipt Fee (Endorsement Restricted)		Postmark Here
Restricted Delivery (Endorsement Fee)		
Total Postage \$		
Send to	Bert Dring Stone Age, Inc. 15620 Hwy 94 Colorado Springs, CO 80929	
Street (Apt. No.) or PO Box No. City, State, ZIP+4	DOCKET NO.: SDWA-08-2009-0086	
PS Form 3811, August 2005 Use 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: *JAN 7 2010*

Bert Dring
 Stone Age, Inc.
 15620 Hwy 94
 Colorado Springs, CO 80929

DOCKET NO.: SDWA-08-2009-0086

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *BERT DRING* C. Date of Delivery: _____

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 Number (Transfer from cover) **7008 3230 0003 0729 6893** *CA/FO*