

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:

AUG 12 2008

Attn: John Trefren, Regis. Agent
 Certified Water Specialists, LLC
 And PWS Operator
 3515 Campstool Rd.
 Cheyenne, WY 82007

EWG G
W

Docket # SDWA-08-2008-0087

2. Article Number
(Transfer from service label)

7005 0390 0000 4848 4637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

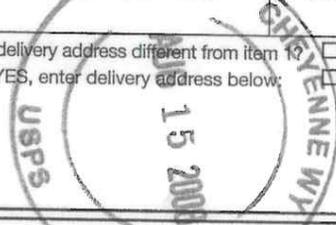
A. Signature

X *John Trefren* Agent
 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

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes