

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 MAIL**

7008 1830 0000 5157 2243

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

9/24/09

Postmark  
Date

Total Pk: **Michael Newland**  
 Altiq International Solutions, LLC  
 3033 South Parker Road, Suite 1111  
 Aurora, CO 80014

Send To:  
 Street, Apt.  
 or PO Box  
 City, State

**DOCKET NO.: CWA-08-2009-0024**

We File® 2005, 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:

SEP 25 2009

**Michael Newland**  
 Altiq International Solutions, LLC  
 3033 South Parker Road, Suite 1111  
 Aurora, CO 80014

**DOCKET NO.: CWA-08-2009-0024**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Date of Delivery  
*[Signature]* 28 Sep 09

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

2. Article #  
 (Postnet)

7008 1830 0000 5157 2243

CA/FO