

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

7008 3230 0003 0729 5995

Postage	\$	3/22/11
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

William G. Rawson, President
Cardwell Distributing, Inc.
 8137 S. State Street
 Midvale, UT 84047

Sent To
 Street, Apt. 1
 or PO Box N
 City, State, Z

DOCKET NO.: CWA-08-2011-0008

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: MAR 23 2011

William G. Rawson, President
Cardwell Distributing, Inc.
 8137 S. State Street
 Midvale, UT 84047

DOCKET NO.: CWA-08-2011-0008

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Carole Sharp 3/22/11

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 Number
 (Transfer) 7008 3230 0003 0729 5995

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540