

7009 3410 0000 2594 7681

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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

CA/FO
11/18/11
Postmark Here

Total Pos
Gerald H. Kinghorn
Parsons, Kinghorn, Harris, P.C.
111 E. Broadway, Suite 1100
Salt Lake City, UT 84111

Sent To
Street, Apt. or PO Box
City, State,
DOCKET NO.: CWA-08-2010-0020

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: **NOV 18 2011**

Gerald H. Kinghorn
Parsons, Kinghorn, Harris, P.C.
111 E. Broadway, Suite 1100
Salt Lake City, UT 84111

DOCKET NO.: CWA-08-2010-0020

2. Article (Trans) **7009 3410 0000 2594 7681**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *x Channing Parker* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery **11-21-11**

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