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**CERTIFIED MAIL™ RECEIPT**  
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7009 3410 0000 2596 2905

Postage	\$	10/19/2012
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

Total Pos **David Ivis, Executive Vice President**  
**GE Johnson Construction Co., Inc.**  
 Sent To 25 N. Cascade Avenue, Suite 400  
 Street, Apt. or PO Box Colorado Sprigs, CO 80903  
 City, State, DOCKET NO.: CWA-08-2012-0031

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>Billie Davis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery                  10/23/12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>David Ivis, Executive Vice President</b>  <b>GE Johnson Construction Co., Inc.</b>                  25 N. Cascade Avenue, Suite 400                  Colorado Sprigs, CO 80903                  DOCKET NO.: CWA-08-2012-0031</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article ID                  C 7009 3410 0000 2596 2905</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540