

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

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OFFICIAL USE

7009 3410 0000 2594 7919

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

10/24/11

Postmark
Here

Sent To: **John Schertin**
Nova Energy, Inc.
 400 E. 1st Street, Suite 301
 Casper, WY 82601

Street, Apt. No. or PO Box No.
 City, State, Zip

DOCKET NO.: CWA-08-2010-0024

PS Form 3800, August 2006

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:

John Schertin
Nova Energy, Inc.
 400 E. 1st Street, Suite 301
 Casper, WY 82601

DOCKET NO.: CWA-08-2010-0024

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **JOHN SCHERTIN**
 C. Date of Delivery **10-29**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

OCT 25 2011

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

(Track) 7009 3410 0000 2594 7919

Order