

7009 3410 0000 2597 6179

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

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OFFICIAL USE

Postage	\$	9/13/11 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage & Fee

John Scherlin
Nova Energy, Inc.
400 E. 1st Street, Suite 301
Casper, WY 82601
DOCKET NO.: CWA-08-2010-0024

Sent To

Street, Apt. No., or PO Box No.

City, State, ZIP+4

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: **SEP 15 2011**

John Scherlin
Nova Energy, Inc.
400 E. 1st Street, Suite 301
Casper, WY 82601
DOCKET NO.: CWA-08-2010-0024

B

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John M. Scherlin* Agent Addressee

B. Received by (Printed Name) *John M. Scherlin* C. Date of Delivery *9/21/11*

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

2. Article Number (Trans) **7009 3410 0000 2597 6179** *order*