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March 18, 2015

Ms. Alisa Bentley, Secretary
Delaware Public Service Commission
861 Silver Lake Boulevard
Cannon Building, Suite 100
Dover, Delaware 19904

RE: W. Eugene Bullen CPCN- Docket No. 15-0646

This letter is intended to provide the Commission with the signed copy of the Postal Service certified mail receipt (attached) demonstrating that W. Eugene Bullen, the landowner for the parcel in this CPCN application, received the certified mailing sent by Artesian Water Company, Inc. An unsigned version of the receipt from the same certified mailing was provided in Exhibit B of the Company's CPCN application dated January 10, 2015.

If you have any questions, please do not hesitate to contact me at (302) 453-6995.

Very truly yours,

David L. Valcarenghi

David L. Valcarenghi
Artesian Water Company, Inc.

cc: David B. Spacht

664 Churchmans Road, Newark, Delaware 19702, P.O. Box 15004 Wilmington, Delaware 19850 Phone: (302) 453-6900 Fax: (302) 453-6957
P.O. Box 177 Harbeson, Delaware 19951 Phone: (302) 684-2527 Fax: (302) 684-5164
28322 Lewes-Georgetown Highway, Unit 4, Milton, Delaware 19968
email: artesian@artesianwater.com Website: artesianwater.com

7010 1060 0002 4436 8411

Postage $
Certified Fee 3.30
Return Receipt Fee (Endorsement Required) 2.70
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.48

WILMINGTON DE MOWS
DEC 10 2014
USPS-19850

Sent To: Mr. W. Eugene Bullen
Street, Apt. No.; or PO Box No. 1184 Boyd's Corner Road
City, State, ZIP+4 Middletown, DE 19709

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:

Mr. W. Eugene Bullen
1184 Boyd's Corner Rd
Middletown, DE 19709

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X W. Eugene Bullen ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 12-11

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 from service label)* 7010 1060 0002 4436 8411

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540