

MV R Resources, Inc.

February 26, 2020

Stephanie Mitchell
Division of Reclamation, Mining and Safety
Grand Junction Field Office
101 South Third Street, Room 301
Grand Junction, CO 81501

RECEIVED
MAR 02 2020
DIVISION OF RECLAMATION
MINING AND SAFETY

RE: Keys Blue Haven LLC Pit #1 Amendment, File No. M-1977-020.

Dear Ms. Mitchell:

The proof of publication and mailing of notice to surrounding land owners are enclosed.

Please let me know if there is any additional information needed for this application..
Thank you for your assistance in this matter.

Sincerely,



Michael Ripp
Consultant

Delta County Independent
401 Meeker St.
PO Box 809
Delta, CO 81416
AFFIDAVIT OF PUBLICATION

STATE OF COLORADO
COUNTY OF DELTA

)
) SS.

I, Diane Webster, do solemnly swear that the *Delta County Independent* is a weekly newspaper printed, in whole or in part, and published in the County of Delta, State of Colorado, continuously and uninterruptedly in said County of Delta for a period of more than fifty-two consecutive weeks prior to the first publication of the annexed legal notice or advertisement; that said newspaper has been admitted to the United States mails as second-class matter under the provisions of the Act of March 3, 1879, and all amendments thereof, and that said newspaper is a weekly newspaper duly qualified for publishing legal notices and advertisements within the meaning of the laws of the State of Colorado; that the annexed legal notice or advertisement was published in the regular and entire issue four consecutive insertion(s); that the first publication of said notice was in the issue of said newspaper dated January 15, A.D., 2020, and that the last publication of said notice was in the issue of said newspaper dated February 5, A.D., 2020.

In witness whereof I have hereunto set my hand this 17th day of February, 2020.

Diane Webster Other

Subscribed and sworn to before me this 17th day of February, 2020.

Beth Ann Zentmeyer Notary Public

BETH ANN ZENTMEYER
19874227037
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires 8-20-2023

Keys Blue Haven, LLC, whose address and phone number is P.O. Box 999, Winter Park, FL 32790, (407) 399-5799 has filed an application for an amendment to a Reclamation Permit with the Colorado Mined Land Reclamation Board under provisions of the Colorado Land Reclamation Act for the Extraction of Construction Materials. The proposed mine is known as the Farm Road Source and is located at or near NW1/4, NE1/4 of Section 18 Township 15 South, Range 95 West, 6th PM, county of Delta, State of Colorado.

The proposed date of commencement was October 1, 1977, and the proposed date of completion is April 1, 2020. The proposed future use of the land is General Agriculture.

Additional information and the tentative decision date may be obtained from the Division of Reclamation, Mining and Safety, 1313 Sherman Street, Room 215 Denver, Colorado, 80203, (303) 868-3567, or at the Delta County Clerk and Recorder's Office, 505 Palmer St., Delta, Colorado 81416, or the above named applicant. A complete copy of the application is available at the above named County Clerk and Recorder's office and at the Division's office.

Comments concerning the application and exhibits must be in writing and must be received by the Division of Minerals and Geology by 4:00 p.m. On February 25, 2020.

Please note that under the provisions of C.R.S. 34-32.5-101, et. seq., comments related to noise, truck traffic, hours of operation, visual impacts, effects on property values and other social or economic concerns are issues not subject to this Office's jurisdiction. These subjects are typically addressed by your local government, rather than the Division Reclamation, Mining and Safety or the Mined Land Reclamation Board.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Black Hills Energy
96 CR 160
Glenwood Springs, CO 81601



9590 9402 3615 7305 2493 20

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6687

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

KRISTIN ARAGON

C. Date of Delivery

1/29/16

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mi Vida Ventures of Colorado
761 1550 Road
Delta, CO 81416-3243



9590 9402 4208 8121 5929 05

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6618

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Kristin Aragon

C. Date of Delivery

1/29/16

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

13772 W. Dakota Ave
Lakewood CO 80228

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Kyle Vasicko
1668 H5 Ct.
Delta, CO 81416



9590 9402 4208 8121 5928 51

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6649

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Kyle Vasicko

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- 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:

Kays Blue Haven, LLC
PO Box 999
Winter Park, FL 32790



9590 9402 4208 8121 5929 36

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6571

PS Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery or \$500 | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Glen Black
691 1675 Rd
Delta, CO 81416



9590 9402 4208 8121 5929 43

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6601

PS Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- | | |
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| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery or \$500 | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Frances Loughrey
1658 H5 Lane
Delta, CO 81416



9590 9402 4208 8121 5929 29

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6588

PS Form 3811, July 2015 PSN 7530-02-000-9063

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

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|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery or \$500 | |

SENDER: COMPLETE THIS SECTION

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- 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:

Century Link
2524 Blichmann Ave
Grand Junction, CO 81505



9590 9402 3615 7305 2493 37

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6670

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Johnson

C. Date of Delivery

1-16-20

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery☐ over \$500☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Jerome Lee
1664 H5 Ct.
Delta, CO 81416



9590 9402 4208 8121 5928 68

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6632

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

J Lee

C. Date of Delivery

1-16-20

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery☐ over \$500☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

Domestic Return Receipt

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- 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:

Osteopathic Treatment Center PC
697 K75 Road
Delta, CO 81416



9590 9402 4208 8121 5928 75

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6625

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C Johnson

C. Date of Delivery

1-16-20

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery☐ over \$500☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation☐ Restricted Delivery

Domestic Return Receipt

SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Tri County Water
647 North 7th St.
Montrose, CO 81401



9590 9402 3615 7305 2493 44

2. Article Number (Transfer from service label)

7017 2400 0000 2909 6663

COMPLETE THIS SECTION ON DELIVERY

Signature Tim Clarran ☐ Agent ☐ Addressee
B. Received by (Printed Name) _____ C. Date of Delivery 04/16/2020
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below: _____

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery over \$500 | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

DELTA, CO 81416 **OFFICIAL USE**

Certified Mail Fee \$3.50
Extra Services & Fees (check box, add fee to total)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$
Total Postage and Fees \$6.85



Sent To Gerald Koch
Street and Apt. No., or PO Box No. 1671 H5 Lane
City, State, Zip+4 Delta, CO 81416

PS Form 3800, April 2015 PSN 7530-01-000-0047

See Reverse for Instructions

CERTIFIED MAIL



7017 2400 0000 2909 6595

NAME _____
1ST NOTICE _____
2ND NOTICE _____
RETURN _____

UNCLAIMED
ml/cs
7-16 JH

Gerald Koch
1671 H5 Lane
Delta, CO 81416

NAME _____
1ST NOTICE 1/16
2ND NOTICE 1/22
RETURN 1/31

U.S. POSTAGE PAID
DELTA, CO
PERMIT NO. 100
ANNUAL \$1.00





January 27, 2020

Dear Postal Customer:

The following is in response to your request for proof of delivery on your item with the tracking number:
7017 2400 0000 2909 6656.


Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	January 16, 2020, 4:12 pm
Location:	MONTROSE, CO 81401
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™

Shipment Details

Weight:	1.0oz
Destination Delivery Address	DMEA
Street Address:	11925 6300 RD
City, State ZIP Code:	MONTROSE, CO 81401-8206

Recipient Signature

Signature of Recipient:	
	Rubi Flores
Address of Recipient:	11925 6300

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004