



Greg Lewicki And Associates, PLLC

3375 W. Powers Circle
Littleton, CO 80123

Phone: (720) 842-5321
E-mail: info@lewicki.biz

Fax (303) 346-6934

September 23, 2020

Eric Scott
Colorado Division of Reclamation, Mining, and Safety
1313 Sherman St, Rm 215
Denver, CO 80203

Peak Ranch Resource, File No. M-2020-041

Proof of Publication of Public Notice and Mailings of Public Notice(s)

Mr. Scott

In accordance with Rule 1.6 of the Division of Reclamation, Mining, and Safety Construction Materials Code of Regulations; Kilgore Companies, LLC dba Peak Materials, as the applicant for a 112 Construction Materials Reclamation Permit for the operation known as the Peak Ranch Resource has provided public notice regarding the operation to the surrounding community. This has been in the form of a notice in the Summit County Journal once a week for four consecutive weeks. Proof of this publication from said newspaper is attached to this letter.

Furthermore, a copy of the notice provided to the Summit County Journal was mailed to owners of all land surface within 200 feet of the boundary of the affected lands. Proof of this mailing, in the form of United States Postal Service tracking information including Certified Mail outgoing receipts and Return Receipts is attached to this letter. In the event that an owner of land within 200 feet of the boundary of the affected lands was not reached with the initial postal mailing, an overnight FedEx mailing was sent to the property address as a follow up.

Please contact me if you have any further questions or concerns.

Sincerely,

Ben Langenfeld, P.E.
Greg Lewicki and Associates

Ad #: 0000611925-01

Customer: LEGALS HOUSE ACCOUNT,

Your account number is: 2927005


**PROOF OF PUBLICATION
SUMMIT COUNTY JOURNAL**

**STATE OF COLORADO
COUNTY OF SUMMIT**

I, Meg Boyer, do solemnly swear that I am Publisher of the SUMMIT COUNTY JOURNAL, that the same weekly newspaper printed, in whole or in part and published in the County of Summit, State of Colorado, and has a general circulation therein; that said newspaper has been published continuously and uninterruptedly in said County of Summit for a period of more than fifty-two consecutive weeks next prior to the first publication of the annexed legal notice or advertisement; that said newspaper has been admitted to the United States mails as a periodical under the provisions of the Act of March 3, 1879, or any 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 of every number of said weekly newspaper for the period of 4 insertions; and that the first publication of said notice was in the issue of said newspaper dated 8/28/2020 and that the last publication of said notice was dated 9/18/2020 in the issue of said newspaper.

In witness whereof, I have here unto set my hand this day, 9/22/2020.



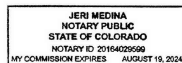
Meg Boyer, Publisher

Subscribed and sworn to before me, a notary public in and for the County of Summit, State of Colorado this day 9/22/2020.



Jeri Medina, Notary Public

My Commission Expires: August 19, 2024



PUBLIC NOTICE

Kigore Companies, LLC dba Peak Materials (applicant), 1550 Wynkoop St, 3rd Floor, Denver, CO 80202 and 970-255-2089, has filed an application for a Regular (112) Construction Materials 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 Peak Ranch Resource, and is located at or near Section 20, Township 3, Range 78, 6th Prime Meridian.

The proposed date of commencement is April, 2021 and the proposed date of completion is October 2036. The proposed future use of the land is rangeland. Additional information and tentative decision date may be obtained from the Division of Reclamation, Mining and Safety, 1313 Sherman Street, Room 215, Denver, Colorado 80203, (303) 866-3567, or at the Summit County Clerk and Recorder's office, 208 Lincoln Avenue, Breckenridge, CO 80424, or the above-named applicant.

Comments must be in writing and must be received by the Division of Reclamation, Mining and Safety by 4:00 p.m. on October 8, 2020. Written comments should be filed by email to drms.temp@state.co.us and must contain the name, mailing address and telephone number of the interested party as required by Construction Materials Rule 1.7.1(f)(6).

Published in the Summit County Journal on August 28, September 4, 11 and 18, 2020. 0000611925

PEAK RANCH RESOURCE

PROOF OF NOTICES

	Page
Contact List and Summary Records of Notice	1
DRMS Public Notice Letter	2

PUBLIC NOTICE CERTIFIED MAILING SENT AUGUST 28, 2020

Certified Mail Receipts	3
Received Return Receipt Postcards.....	8
Letters Received "Return to Sender"	14

FEDEX FOLLOW-UP TO SELECT NEIGHBORS SENT SEPTEMBER 22, 2020

FedEx Proof of Delivery	15
-------------------------------	----

Name	Address	City ST Zip	Return Receipt date of delivery	Date Returned to Sender (not delivered)	Tracking code (USPS certified mail unless otherwise noted)	tracking as of 9/23 12:30 pm
Colorado Department of Transportation	2829 W. Howard Pl	Denver, CO 80204	31-Aug		7019 0140 0000 0503 8736	Delivered to agent for final delivery, 8/31
CenturyLink Right of Ways	700 W. Mineral Ave	Littleton, CO 80120	31-Aug		7019 0140 0000 0503 8767	Delivered, August 31, 2020 at 12:16 pm Front Desk/Reception/Mail Room
Charles B Fox	5388 S Lewiston St	Aurora, CO 80015	02-Sep		7019 0140 0000 0377 9341	Delivered at 4:14 pm on 9/2 (return receipt postcard says 9/20; numbers transposed)
Jonathan Knopf	0191 Elk View Rd	Silverthorne, CO 80498	No receipt received	Returned 9/18	7019 0140 0000 0503 8705 Fed Ex Tracking # 771593923340	Out for delivery in Silverthorne 9/5 at 12:13 pm. awaiting delivery scan; then forwarded to CO Springs Distribution Center on 9/15; returned to sender 9/18 "No mail receptacle unable to forward."
			FedEx delivery confirmation received 23-Sep			Sent overnight 9/22 Delivered September 23, 2020 10:56 am
Jerry D. Larwood II	PO Box 3747	Frisco, CO 80443	No receipt received		7019 0140 0000 0377 9327	Available for Pickup 8/31 at 3:39 pm. "Must schedule redelivery before September 14, 2020 or will be returned to sender" No further update.
Dale Montagne Rev. Living Trust	377 Elk Run Road	Silverthorne, CO 80498	No receipt received	Expected	7019 0140 0000 0503 8750 Fed Ex Tracking # 771593850731	attempted to deliver 9/1 at 10:30 am in SILVERTHORNE, CO 80498. A notice was left because an authorized recipient was not available. "Unclaimed/ Being Returned to Sender Your item could not be delivered on September 22, 2020 at 4:40 pm in DILLON, CO 80435. It was held for the required number of days and is being returned to the sender."
			FedEx delivery confirmation received 23-Sep			Sent overnight 9/22 Delivered September 23, 2020 11:01 am
Moser Family Partnership LLLP	376 County Rd 1450	Silverthorne, CO 80498	No receipt received		7019 0140 0000 0377 9310	Delivered to an individual at the address at 2:47 pm on September 4, 2020
Moser Meadows, LLC	PO Box 54	Longmont, CO 80502	01-Sep		7019 0140 0000 0503 8712	Delivered 9/4 at 11:53 am
Mountain Parks Electric	PO Box 170	Granby, CO 80446-0170	04-Sep		7019 0140 0000 0503 8729	Delivered 9/4 at 10:03 am
Elizabeth A. Sanjuan & Kenneth C. Brown	145 NW 15th Street	Delray Beach, FL 33444	17-Sep		7019 0140 0000 0377 9334	Delivered 9/17 at 2:25 pm
Sioux Barr Joint Rev. Trust Dated 5/19/15	968 Lindstrom	Silverthorne, CO 80498	02-Sep		7019 0140 0000 0377 9303	Delivered 9/2 at 11:40 am
Summit County Road and Bridge Department	PO Box 626	Frisco, CO 80443-0626	01-Sep		7019 0140 0000 0503 8774	Delivered 9/1 at 10:40 am
Town of Breckenridge Public Works	PO Box 168	Breckenridge, CO 80424	01-Sep		7019 0140 0000 0503 8743	Delivered 9/1 at 11:32 am
US Forest Service	PO Box 620	Silverthorne, CO 80498-0620	07-Sep		7019 0140 0000 0503 8781	Delivered 9/7 at 12:15 pm
Ira Weteneil	PO Box 247	Oak Creek, CO 80467	03-Sep		7019 0140 0000 0503 8699	Delivered 9/3 at 12:02 pm



PUBLIC NOTICE

Kilgore Companies, LLC dba Peak Materials (applicant); 1550 Wynkoop St, 3rd Floor, Denver, CO 80202 and 970-255-2089, has filed an application for a Regular (112) Construction Materials 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 Peak Ranch Resource, and is located at or near Section 20, Township 3, Range 78, 6th Prime Meridian

The proposed date of commencement is April, 2021 and the proposed date of completion is October 2036. The proposed future use of the land is rangeland. Additional information and tentative decision date may be obtained from the Division of Reclamation, Mining and Safety, 1313 Sherman Street, Room 215, Denver, Colorado 80203, (303) 866-3567, or at the Summit County Clerk and Recorder's office; 208 Lincoln Avenue, Breckenridge, CO 80424, or the above-named applicant.

Comments must be in writing and must be received by the Division of Reclamation, Mining and Safety by 4:00 p.m. on October 8, 2020. Written comments should be filed by email to drms.temp@state.co.us and must contain the name, mailing address and telephone number of the interested parties as required by Construction Materials Rule 1.7.1(2)(a).



7019 0140 0000 0503 8767

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

CenturyLink Right of Ways

Street and Apt. No., or PO Box No. 700 W. Mineral Ave

City, State, ZIP+4[®] Littleton, CO 80120

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0377 9341

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

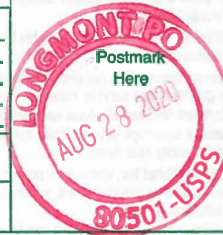
Charles B Fox

Street and Apt. No., or PO Box No. 5388 S Lewiston St

City, State, ZIP+4[®] Centennial, CO 80015

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8736

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Colorado Department of
Transportation

Street and Apt. No., or PO Box No. 2829 W. Howard Pl

City, State, ZIP+4[®] Denver, CO 80204

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8705

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
---------	----

Total Postage and Fees	\$
------------------------	----

Sent To	Jonathan Knopf
Street and Apt. No., or PO Box No.	0191 Elk View Rd
City, State, ZIP+4®	Silverthorne, CO 80498

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7019 0140 0000 0377 9327

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

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

OFFICIAL USE

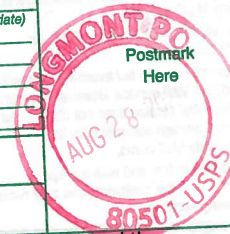
Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
---------	----

Total Postage and Fees	\$
------------------------	----

Sent To	Jerry D. Larwood II
Street and Apt. No., or PO Box No.	PO Box 3747
City, State, ZIP+4®	Frisco, CO 80443

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7019 0140 0000 0503 8750

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

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

OFFICIAL USE

Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	\$
---------	----

Total Postage and Fees	\$
------------------------	----

Sent To	Dale Montagne Rev. Living Trust
Street and Apt. No., or PO Box No.	377 Elk Run Road
City, State, ZIP+4®	Silverthorne, CO 80498

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



7019 0140 0000 0377 9310

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Moser Family Partnership LLLP

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

376 County Rd 1450

City, State, ZIP+4®

Silverthorne, CO 80498

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8712

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Moser Meadows, LLC

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

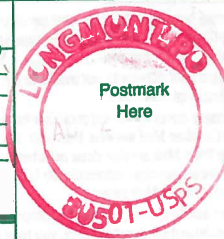
PO Box 54

City, State, ZIP+4®

Longmont, CO 80502

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8729

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Mountain Parks Electric

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

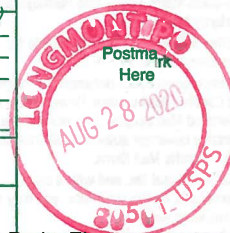
PO Box 170

City, State, ZIP+4®

Granby, CO 80446-0170

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0377 9334

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Elizabeth A. Sanjuan &

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

Kenneth C. Brown

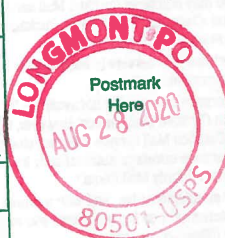
City, State, ZIP+4[®]

145 NW 15th Street

Delray Beach, FL 33444

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0377 9303

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Sioux Barr Joint Rev. Trust

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

Dated 5/19/15

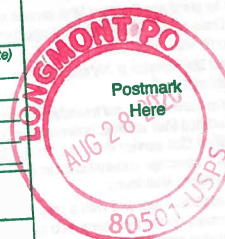
City, State, ZIP+4[®]

968 Lindstrom

Silverthorne, CO 80498

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8774

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Summit County Road and
Bridge Department

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

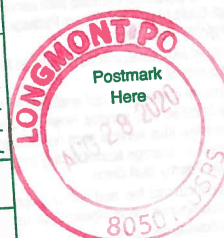
PO Box 626

City, State, ZIP+4[®]

Frisco, CO 80443-0626

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8743

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Town of Breckenridge

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

Public Works

City, State, ZIP+4®

PO Box 168
Breckenridge, CO 80424

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8781

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

US Forest Service

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

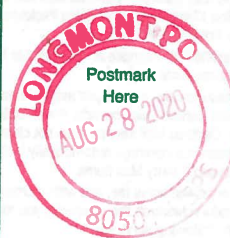
PO Box 620

City, State, ZIP+4®

Silverthorne, CO 80498-0620

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



7019 0140 0000 0503 8699

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Ira Weteneil

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

PO Box 247



City, State, ZIP+4®

Oak Creek, CO 80467



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> CenturyLink Right of Ways 700 W. Mineral Ave Littleton, CO 80120 </div> <div style="text-align: center;">  9590 9402 4190 8121 5635 49 </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px;"> 7019 0140 0000 0503 8767 </div> <p>PS Form 3811, July 2015 PSN 7530102-000-9053</p>		<p>A. Signature</p> <div style="display: flex; justify-content: space-between;"> <div><i>Kovs 10/19</i></div> <div> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <p>B. Received by (Printed Name)</p> <div style="text-align: center; margin-top: 10px;">  </div> <p>C. Date of Delivery</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>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery				

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Colorado Department of Transportation 2829 W. Howard Pl Denver, CO 80204 </div> <div style="text-align: center;">  9590 9402 4190 8121 5682 78 </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px;"> 7019 0140 0000 0503 8736 </div> <p>PS Form 3811, July 2015 PSN 7530102-000-9053</p>		<p>A. Signature</p> <div style="display: flex; justify-content: space-between;"> <div><i>X Agent</i></div> <div> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <div style="text-align: center; margin-top: 10px;">  </div> <div style="text-align: center; margin-top: 10px;"> 8/31/20 </div> <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>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery				

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Charles B Fox</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Charles B Fox 5388 S Lewiston St Centennial, CO 80015</p>		<p>B. Received by (Printed Name) <i>Charles Fox</i></p> <p>C. Date of Delivery <i>9/20/20</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0377 9341</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Lynn Silvers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Moser Meadows, LLC PO Box 54 Longmont, CO 80502</p>		<p>B. Received by (Printed Name) <i>Lynn Silvers</i></p> <p>C. Date of Delivery <i>9-1-20</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0503 8712</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Diane Hanick</i></p>	
<p>1. Article Addressed to:</p> <p>Mountain Parks Electric PO Box 170 Granby, CO 80446-0170</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Diane Hanick</i> <i>9/4/20</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0503 8727</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>9590 9402 4190 8121 5682 61</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>K. Brown</i></p>	
<p>1. Article Addressed to:</p> <p>Elis A. Sanjuan & K. C. Brown 145 15th Street Deer Beach, FL 33444</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>K. Brown</i> <i>9-19-20</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0377 9334</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>9590 9402 4190 8121 5635 18</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Sioux Barr Joint Rev. Trust Dated 5/19/15 968 Lindstrom Silverthorne, CO 80498</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>FRANK E. BARR 9/2/2016</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0377 9303</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>9590 9402 4190 8121 5634 88</p>	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Summit County Road and Bridge Department PO Box 626 Frisco, CO 80443-0626</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>S. Muramaka 09/01/16</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0503 8774</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>9590 9402 4190 8121 5683 08</p>	

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Town of Breckenridge Public Works PO Box 168 Breckenridge, CO 80424</p>		<p>B. Received by (Printed Name) <i>Scott Naranake</i></p> <p>C. Date of Delivery <i>09/01/12</i></p>	
<p>2. Article Number (Transfer from service label) 7019 0140 0000 0503 8743</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Ali H</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>US Forest Service PO Box 620 Silverthorne, CO 80498-0620</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7019 0140 0000 0503 8781</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

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

Ira Weteneil
PO Box 247
Oak Creek, CO 80467



9590 9402 4190 8121 5635 32

2. Article Number (Transfer from service label)

7019 0140 0000 0503 8699

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)

Ira Weteneil

C. Date of Delivery

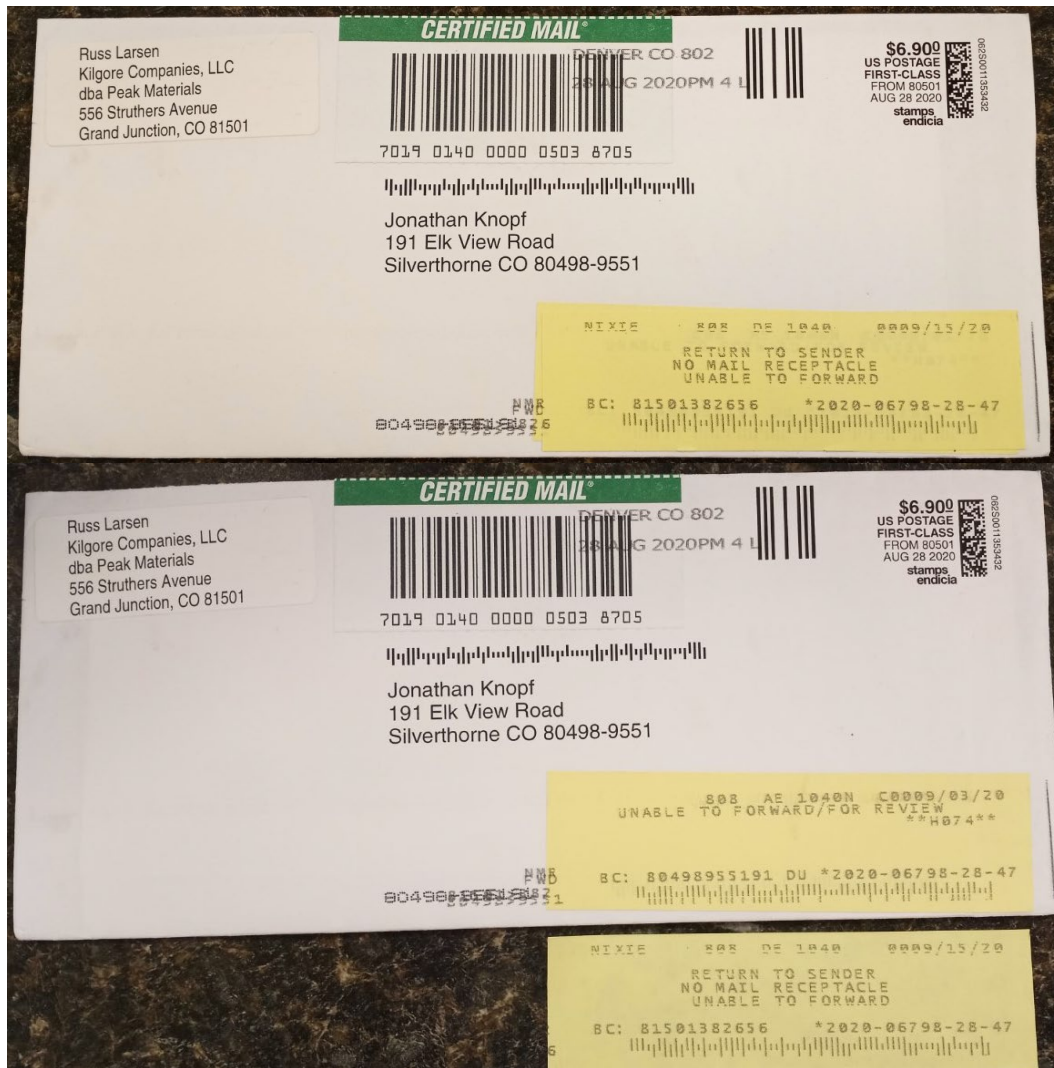
9-3-20

D. Is delivery address different from item 1? ☐ YesIf 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 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 (over \$500) | |

Domestic Return Receipt



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Jonathan Knopf 0191 Elk View Rd Silverthorne, CO 80498</p> <p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 0503 8705</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>Domestic Return Receipt</p>

SCHEDULE: 6500050		Get Detail Data	PPF: 1845-2030-65-004
Property Info		Mailing Address	
OWNER:	KNOPF, JONATHAN	NAME/CO:	KNOPF, JONATHAN
PROP. DESC:	LOT 1 LOST CREEK RANCH SUB AKA UNPLATTED TRACT IN NE4SW4 S20T3R78	STREET:	0191 ELK VIEW RD
PHYS. ADD:	0191 ELK VIEW RD (CR 2490)	CSZ:	SILVERTHORNE CO 804989551
JURISDICTION:	SUMMIT COUNTY		

Address from Summit County Assessor's Website



September 23, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 771593923340

Delivery Information:

Status:	Delivered	Delivered To:	Residence
Signed for by:	Signature not required	Delivery Location:	191 ELKVIEW RD 80498
Service type:	FedEx Standard Overnight		SILVERTHORNE, CO, 80498
Special Handling:	Deliver Weekday; Residential Delivery	Delivery date:	Sep 23, 2020 10:56

Shipping Information:

Tracking number:	771593923340	Ship Date:	Sep 22, 2020
		Weight:	1.0 LB/0.45 KG

Recipient: Jonathan Knopf, 191 Elk View Rd SILVERTHORNE, CO, US, 80498	Shipper: Pam Hora, TETRA TECH INC. 1900 S. Sunset Street Suite 1-E Longmont, CO, US, 80501
--	---

Reference	103P6696.03/PHora
------------------	-------------------



September 23, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 771593850731

Delivery Information:

Status:	Delivered	Delivered To:	Residence
Signed for by:	Signature not required	Delivery Location:	377 ELK RUN RD 80498
Service type:	FedEx Standard Overnight		SILVERTHORNE, CO, 80498
Special Handling:	Deliver Weekday; Residential Delivery; No Signature Required	Delivery date:	Sep 23, 2020 11:01

Shipping Information:

Tracking number:	771593850731	Ship Date:	Sep 22, 2020
		Weight:	0.5 LB/0.23 KG

Recipient:
Dale Montagne, Rev. Living Trust
377 Elk Run Road
SILVERTHORNE, CO, US, 80498

Shipper:
Pam Hora, TETRA TECH INC.
1900 S. Sunset Street
Suite 1-E
Longmont, CO, US, 80501

Reference 103P6696.03/PHora