

## 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:

The Bridge LLC  
2795 CR 129  
Westcliffe, CO 81252



9590 9402 6786 1074 7573 67

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6790

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

CV19

## C. Date of Delivery

8/13/21

## 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☐ Registered Mail  
Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted  
Delivery☐ Signature Confirmation™☐ Signature Confirmation  
Restricted Delivery

Domestic Return Receipt

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## 1. Article Addressed to:

Custer Conservation District  
PO Box 389  
Westcliffe, CO 81252



9590 9402 2677 6336 2697 68

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6653

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)

Arthur J. Ellege

## C. Date of Delivery

## 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☐ Registered Mail  
Restricted Delivery (\$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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## 1. Article Addressed to:

Elen Rowe  
1017 Sitka Ct  
Loveland, CO 80538



9590 9402 6269 0274 5827 22

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6851

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X C19

☒ Agent☐ Addressee

## B. Received by (Printed Name)

C19

## C. Date of Delivery

8-13

- 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
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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## 1. Article Addressed to:

Custer County Road + Bridge Dept  
PO Box 150  
Westcliffe, CO 81252



9590 9402 6269 0274 5827 53

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6837

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X Phyllis Wilson

☒ Agent☐ Addressee

## B. Received by (Printed Name)

Phyllis Wilson

## C. Date of Delivery

8-13-21

- 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
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



Domestic Return Receipt


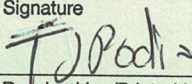


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<p>1. Article Addressed to:</p> <p>Steven John Moose Jr.            9750 W Wagon Trail Dr            Denver, CO 80123</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p>8/13/21</p>
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0001 1605 6769</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>	
<div style="text-align: center;">             9590 9402 6786 1074 7573 98         </div>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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             </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery             </div> </div>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	


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<p>1. Article Addressed to:</p> <p>Foulk Samie, David, Virginia and            Autumn, and Jeremiaah Morelli            1445 CR 255            Westcliffe, CO 81252</p>		<p>B. Received by (Printed Name)</p> <p>David Foulk</p>	<p>C. Date of Delivery</p> <p>8-13-2021</p>
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0001 1605 6714</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>	
<div style="text-align: center;">             9590 9402 6786 1074 7574 42         </div>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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             </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery             </div> </div>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	




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<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 style="font-size: 1.2em;">Iva Lou Bailey 1617 Vine St Denver, CO 80206</p> <div style="text-align: center; margin-top: 20px;">             9590 9402 6786 1074 7574 11         </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">             7005 1820 0001 1605 6745           </div>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>X</b> </span> <span><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; text-align: center;">C-19</div> </p> <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 checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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             </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery             </div> </div>
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, July 2020 PSN 7530-02-000-9053</span> <span>Domestic Return Receipt</span> </div>	

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<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 style="font-size: 1.2em;">USDI - Bureau of Land Management PO Box 311 Canon City, CO 81212</p> <div style="text-align: center; margin-top: 20px;">             9590 9402 6786 1074 7574 97         </div> <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">             7005 1820 0001 1605 6677           </div>	<p>A. Signature  <div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>X</b> </span> <span><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> </div> </p> <p>B. Received by (Printed Name)  <div style="border: 1px solid black; padding: 2px; text-align: center;">Coville COO</div> </p> <p>C. Date of Delivery  <div style="border: 1px solid black; padding: 2px; text-align: center;">08/16/20</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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             </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery             </div> </div>
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, July 2020 PSN 7530-02-000-9053</span> <span>Domestic Return Receipt</span> </div>	



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<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 style="font-size: 1.2em;">Edward C. and Violet J. Lyons</p> <p style="font-size: 1.2em;">PO Box 875</p> <p style="font-size: 1.2em;">Westcliffe, CO 81252</p> <div style="text-align: center; margin-top: 20px;">  <p>9590 9402 6786 1074 7573 81</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7005 1820 0001 1605 6776</p>	<p>A. Signature</p> <p style="font-size: 1.5em; text-align: center;">X</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">B. Received by (Printed Name)</div> <div style="width: 35%;">C. Date of Delivery</div> </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 style="font-size: 1.5em; text-align: center;">Vi Lyons</p> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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         </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </div> </div>
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Domestic Return Receipt

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Domestic Return Receipt



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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mary L. Frank, O.K. Rowe, and  
Michael and Eugene Colgate  
3018 Ave B  
Scottsbluff, NE 69361



9590 9402 6786 1074 7574 66

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6707

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X M F / UAP

☐ Agent☐ Addressee

## B. Received by (Printed Name)

COLGATE

## C. Date of Delivery

- 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

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail  
Mail Restricted Delivery  
(0)

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Town of Silver Cliff  
612 Main St  
PO Box 154  
Silver Cliff, CO 81252



9590 9402 6786 1074 7574 04

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6752

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X La Craven

☐ 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

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail  
Mail Restricted Delivery  
(0)

Domestic Return Receipt



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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Cindy K. Walker  
1425 CR 255  
Westcliffe, CO 81252



9590 9402 6786 1074 7573 74

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6783

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Thomas Walker

- ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

Thomas Walker

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes  
☐ No

## 3. Service Type

- ☒ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail  
Restricted Delivery  
(0)

Domestic Return Receipt

DENVER CO 802

## 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:

Sangre de Cristo Electric  
Association  
PO Box 2013  
Buena Vista, CO 81211-2013



9590 9402 6269 0274 5827 46

## 2. Article Number (Transfer from service label)

7005 1820 0001 1605 6844

PS Form 3811, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

C. East

- ☒ Agent  
☐ Addressee

## B. Received by (Printed Name)

C. East

## C. Date of Delivery

2-17-21

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐ Yes  
☐ No

## 3. Service Type

- ☒ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Mail  
Restricted Delivery  
(00)

Domestic Return Receipt



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<p>1. Article Addressed to:  Michael and Eugene Colgate  PO Box 278  Sahuarita, AZ 85629</p>		<p>B. Received by (Printed Name)  Michael Colgate</p>	
<p>2. Article Number (Transfer from service label)  7005 1820 0001 1605 6691</p>		<p>C. Date of Delivery  08/19/21</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:  William (Bill) Tezak  315 S 11th St  Canon City, CO 81212</p>		<p>B. Received by (Printed Name)  TEZAK</p>	
<p>2. Article Number (Transfer from service label)  7005 1820 0001 1605 6684</p>		<p>C. Date of Delivery  AUG 20 2021</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input 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</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
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# Wet Mountain Tribune

## PROOF OF PUBLICATION

State of Colorado ]  
County of Custer ]

### NOTICE PUBLIC NOTICE

Colorado Quarries, Inc., 270 S. 15th St., Canon City CO 81212; 719-275-6894, has filed an application for a Regular (112) Construction Materials Operation 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 Black Obsidian Pit and is located at or near Section 16, Township 22 S, Range 72 W, 6<sup>th</sup> Prime Meridian.

The proposed date of commencement is November 2021 and the proposed date of completion is November 2051. 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 Custer County Clerk and Recorder's office; POB 150, Westcliffe, CO 81252, 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 September 22, 2021.

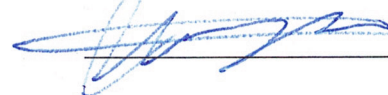
Please note that under the provisions of C.R.S. 34-32.5-101 et seq. Comments related to noise, truck traffic, hours of operation, visual impacts, effects on property values and other social or economic concerns are issues not subject to this Office's jurisdiction. These subjects, and similar ones, are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

First Published: August 12, 2021  
Last Published: September 2, 2021  
Wet Mountain Tribune  
Westcliffe, Colorado

I, **JORDAN HEDBERG**, do solemnly swear that I am Publisher of **THE WET MOUNTAIN TRIBUNE**, that the same is a weekly newspaper published in the County of Custer, State of Colorado and has a general circulation therein; that said newspaper has been published continuously and uninterruptedly in said County of Custer 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 second-class matter 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 consecutive insertions; and that the first publication of said notice was in the issue of said newspaper dated 12 August A.D., 2021 and that the last publication of said notice was in the issue of said newspaper dated 2 September A.D., 2021

In witness whereof I have hereunto set my hand this day of 2 September A.D., 2021



Publisher

Subscribed and sworn to before me, a notary public in and for the State of Colorado, this 2nd day of September A.D., 2021

Tammy Vidmar  
Notary Public

My Commission expires 6-11-2023

**TAMMY VIDMAR**  
**NOTARY PUBLIC**  
**STATE OF COLORADO**  
**NOTARY ID 20074019966**  
**MY COMMISSION EXPIRES JUNE 11, 2023**