|   | THIS SECTION   | COMPLETE THIS SECTION ON DEL   | IVERY  |
|---|--|--|--|
| Complete items 1, 2, item 4 if Restricted D   | , and 3. Also complete<br>Delivery is desired.   | A. Signature   | ☐ Agent  |
| so that we can return   | e back of the mailpiece,   | B. Received by (Printed Name)  | C. Date of Delivery  |
| 1. Article Addressed to:<br>Jimothy + 9<br>2811 Front   | Stefanie Burges<br>Royal Drive   | D. Is delivery address different from iten<br>If YES, enter delivery address below   |  |
| Co Spgo Ci  | D 80919-420  | Certified Mail  Express Mai  | I<br>ipt for Merchandise   |
| 2. Article Number   |  | 4. Restricted Delivery? (Extra Fee)  | ☐ Yes  |
| (Transfer from service la   | oe()   |  |  |
| PS Form 3811, Februar   | ry 2004 Domestic   | Return Receipt   | 102595-02-M-1540   |
| SENDER: COMPLETE  | E THIS SECTION   | COMPLETE THIS SECTION ON DEL   | IVERY  |
| ■ Complete items 1, 2   | , and 3. Also complete   | A. Signature   |  |
| item 4 if Restricted [ Print your name and other we can return  | address on the reverse   | × Mary Durham  | ☐ Agent  Addressee   |
| Attach this card to the or on the front if spanning to the sp | 10 Dack of the mailniece   | B. Received by (Printed Name)  MARY Durch Am   | 8-27-12  |
| Article Addressed to:   | (02)   | D. Is delivery address different from iter     If YES, enter delivery address below  | n 1? 🗆 Yes<br>v: 🔼 No  |
| Ms. May 2841 720  | Dunham<br>et Royal Dr.   |  |  |
| Colo. Spg.  | , Co<br>80919- 420   | 3. Service Type    Scinited Mail   Express Mail   Registered   CReturn Rece  | I<br>ipt for Merchandise   |
|   | 3 -1111- 1700  | 4. Restricted Delivery? (Extra Fee)  | ☐ Yes  |
| Article Number- (Transfer from service lat  | hell.  | WIN RUTHER   | L 165  |
| PS Form 3811, Februar   |  | : Return Receipt   | 102595-02-M-1540   |
|   | Total Maria Control of the Control o |  |  |
|   |  | COMPLETE THIS SECTION ON DEL   | IVERY  |
| SENDER: COMPLET   | and 3. Also complete   | A. Signature /   | ☐ Agent  |
| ■ Complete items 1, 2<br>item 4 if Restricted   | Delivery is desired.   | XI ALL   |  |
| Complete items 1, 2 item 4 if Restricted Print your name and so that we can retur   | address on the reverse<br>in the card to you.  | 7/10000  | Addressee  |
| Complete items 1, 2 item 4 if Restricted Print your name and so that we can retur   | d address on the reverse<br>in the card to you.<br>he back of the mailpiece,   | By peceived by (Printed Name) Himel Himen  | C. Date of Delivery  |
| Complete items 1, 2 item 4 if Restricted Print your name and so that we can retur Attach this card to to or on the front if spa  Article Addressed to:  | d address on the reverse<br>in the card to you.<br>he back of the mailpiece,<br>ace permits.   | B. Picceived by (Printed Name) Him EL Hull ex  D. Is delivery address different from ite If YES, enter delivery address belo   | C. Date of Delivery  |
| Complete items 1, 2 item 4 if Restricted Print your name and so that we can return Attach this card to to or on the front if spa  Article Addressed to:  Robert &   | d address on the reverse<br>in the card to you.<br>he back of the mailpiece,   | B. Picceived by (Printed Name) Him EL Hull ex  D. Is delivery address different from ite If YES, enter delivery address belo   | C. Date of Delivery  |
| Complete items 1, 2 item 4 if Restricted Print your name and so that we can retur Attach this card to t or on the front if spa  1. Article Addressed to:  Robert + +  | address on the reverse in the card to you. In the back of the mailpiece, ace permits.  Aime e Hellur   | B. Received by (Printed Name)  Hi Wit Hill La.  D. Is delivery address different from its If YES, enter delivery address belo  3. Service Type  2. Certified Mail                        | ☐ Addressee C. Date of Delivery The property of the property |
| Complete items 1, 2 item 4 if Restricted Print your name and so that we can return Attach this card to to or on the front if spa  Article Addressed to:  Robert & Complete items 1, 2 items 2, 2 item | laddress on the reverse in the card to you. he back of the mailpiece, ice permits.  Aime e Hellur dwrter Dr.   | Bi_pecelveld by (Printed Name) H_MU_H_U M_  D. Is delivery address different from ite If YES, enter delivery address belo  3. Service Type Di(Certified Mail   Express Mail   Registered | Addressee C. Date of Delivery 9/5/12 m 1?  |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> </ul>   | A. Signature ☐ Agent  |
| Print your name and address on the reverse  | X/ Sulling Addresse   |
| so that we can return the card to you.  Attach this card to the back of the mailpiece,  | B. Received by (Printed Name) C. Date of Deliver  |
| or on the front if space permits.   | D. Is delivery address different from item 1? Yes   |
| 1. Article Addressed to:<br>Mr. Jeff Hovermale  | If YES, enter delivery address below:   |
| Pike and San Isabel National Forest   |   |
| Pilces Peak Ranger Dist. Forest<br>601 S. Weber   |   |
|   | 3. Service Type Certified Mail Express Mail Registered Receipt for Merchandis                                 |
| Colorado Springs (2 80903   | ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| Article Number     (Transfer from service label)  |   |
| PS Form 3811, February 2004 Domestic Ref  | turn Receipt 102595-02-M-15-  |
| 27117   | *   |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.   | A. Signature  |
| Print your name and address on the reverse so that we can return the card to you.   | Address   |
| Attach this card to the back of the mailpiece, or on the front if space permits.  | B. Received by ( Printed Name)  C. Date of Deliver  |
| 1. Article Addressed to:  | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No                |
| Ms. Heather Jensen  |   |
| 2835 Front Royal Dr.  |   |
| 0000  | 3. Service Type   |
| Colo Spgs Co<br>80919 - 4204  | Certified Mail  Registered  Receipt for Merchandis  C.O.D.  |
| 00111-4304  | 4. Restricted Delivery? (Extra Fee)   |
| Article Number     (Transfer from service label)  |   |
| PS Form 3811, February 2004 Domestic Re   | turn Receipt  |
| , Domestone   | 102595-02-М-15  |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
| ■ Complete items 1, 2, and 3, Also complete   | A. Signature (1)  |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X Agent   |
| The reverse   | Address   |
| so that we can return the card to you.  | II D. Deceived DWI Printed Name   |
| <ul> <li>So that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>        | B. Received by Printed Name C. Date of Delive   |
| Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:   | D. Is delivery address different from item 1?   Yes   |
| Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:   | 92512   |
| Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Guy + Kimberly Kendall  2815 (John water Drive) | D. Is delivery address different from item 1?   Yes   |
| Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Guy + Kimberly Kendall  3815 (John water Drive) | D. Is delivery address different from item 1?   |
| Attach this card to the back of the mailpiece, or on the front if space permits.  | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No  3. Service Type |
| Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Guy + Kimberly Kendall  2815 (John water Drive) | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No  3. Service Type |

Domestic Return Receipt

102595-02-M-1540

| so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  ### Action of the properties of the propertie | SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|--|---|
| 2. Article Number (**Transfer from service label*)  PS Form 3811, February 2004  | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Darold + Bornul Kern  2823 Front Royal Ar.   | B. Received by (Printed Name)  D. Is delivery address different from item 1?  If YES, enter delivery address below:   |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004  Domestic Return Receipt  COMPLETE THIS SECTION  COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Signature  A. Signature  A. Signature  B. Received by (Printed Name)  Color on the front if space permits.  A. Signature  A. Signature  A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  A. Signature  A. Sig | Colo Spys CD 80919-4204  | ☐ Insured Mail ☐ C.O.D.   |
| SENDER: COMPLETE THIS SECTION  | 2. Article Number  | 4. Restricted Delivery? (Extra Fee)   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  John David + Turnica  Me Kenna  3. Sepvice Type  Certified Mail   Express Mail   Resturn Receipt for Merchandis   Resturn Receipt for Merchandis   Restricted Delivery? (Extra Fee)   Yes    SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Signature   Addresses different from Item 1?   Yes   If YES, enter delivery address below:  John David + Turnica   Registered   Resturn Receipt for Merchandis   Resturn Receipt for Merchandis   Restricted Delivery? (Extra Fee)   Yes    SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Signature   Receipt for Merchandis   Restricted Delivery? (Extra Fee)   Yes    Complete items 1, 2, and 3. Also complete   Receipt   Rec | (Transfer from service label)  | THE RESERVE THE PERSON NAMED IN COLUMN 1 THE |
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Why David Thurnica  Me Kenna  3. Service Type    Carlified Mail   Express Mail   Restricted Delivery is desired.    Print your name and address on the reverse so that we can return the card to you.    A Signature   Addressed different from item 1?   Yes   Yes   Yes  | PS Form 3811, February 2004 Domestic R   | leturn Receipt 102595-02-M-1540   |
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Why David Thurnica  Me Kenna  3. Service Type    Carlified Mail   Express Mail   Restricted Delivery is desired.    Print your name and address on the reverse so that we can return the card to you.    A Signature   Addressed different from item 1?   Yes   Yes   Yes  | OFNIDER AND THE STATE OF THE ST | н ,   |
| Cortified Mail   Return Receipt for Merchandis   Registered   Return Receipt for Merchandis   Registered   Restricted Delivery? (Extra Fee)   Yes  | item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.   | B. Received by (Printed Name)  C. Date of Delivery  B. Beceived by (Printed Name)  C. Date of Delivery   |
| 2. Article Number (Transfer from service label)  PS Form 3811, February 2004  Domestic Return Receipt  102595-02-M-15  COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Signature  X   | 2829 Front Royal Dr.<br>Colo Spgs Co 80919-4204  | Certified Mail  Registered Insured Mail  C.O.D.   |
| PS Form 3811, February 2004  Domestic Return Receipt  COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Mr. Jeffrey Rogers  2805 Coldwater Sc.  Service Type  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  A. Signature  X. Asignature  X. Addressee  B. Received by (Printed Name)  C.) Date of Delivery  B-30-(2)  D. Is delivery address different from item 1?   Yes   If YES, enter delivery address below:   No  3. Service Type  Complete items 1, 2, and 3. Also complete items 4 if Registered   Registere |  |   |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Mr. Jeffrey Rogers  2805 Coldwater In.  Solution Space Coldwate | DO 5 2011 5 1 2001   |   |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Mr. Jeffrey Rogers  2805 Coldwater In.  Solution Insured Mail   Algent   Addressee   Addressee   Addressee    B. Received by (Printed Name)   C. Date of Delivery    B. Received b | Domestic F   | 102595-02-M-154   |
| SO919 - HO17    Registered   Receipt for Merchandise   Insured Mail   C.O.D.   | ■ 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.  ■ Article Addressed to:  Mr. Jeffrey Rogers  2805 Coldwater Dr.   | A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  R-30-(Z  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:   |
|  |  | ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  |
|  | . Article Number   | 4. Hestricted Delivery? (Extra Fee)   |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> </ul>   | A. Signature   |
| Print your name and address on the reverse  | X Agent  |
| so that we can return the card to you.  Attach this card to the back of the mailpiece,  | B. Received by (Printed Name) C. Date of Deliver   |
| or on the front if space permits.  1. Article Addressed to:   | D. Is delivery address different from item 1? ☐ Yes  |
| Elis + Christian Salamone   | If YES, enter delivery address below: ☐ No   |
| 8475 Red Spg Valley Rd  |  |
| Colorado Spas Co  | 3. Service Type  Certified Mail  |
| 80919-4204  | ☐ Registered ☐ Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.   |
| Autilla Ministra  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2. Article Number<br>(Transfer from service label)  | L. Diff H mitti n in   |
| PS Form 3811, February 2004 Domestic Ret  | turn Receipt 102595-02-M-1540  |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| Complete items 1, 2, and 3. Also complete   | A. Signature ( )   |
| item 4 if Restricted Delivery is desired.   | Agent D Agent  |
| Print your name and address on the reverse<br>so that we can return the card to you.  | B. Received by (Printed Name) C. Date of Delivery  |
| Attach this card to the back of the mailpiece, or on the front if space permits.  | 9-25-1   |
| I. Article Addressed to:  | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No   |
| Eric + Lisa Supancia  | 3  |
| Eric + Lisa Supancia<br>2835 Coldwater Dr.  |  |
| 01  | 2 Conde Time   |
| olo. Spgs Cd 80919-4217   | 3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  |
|   | ☐ Insured Mail ☐ C.O.D.  |
| O Antigle Number 1 31 111111 1 1 1 1 1 1 1 1 1 1 1 1 1  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2. Article Number<br>(Transfer from service label)  |  |
|   | marina a aranga  |
| PS Form 3811, February 2004 Domestic Ret  | turn Receipt 102595-02-M-1540  |
| PS Form 3811, February 2004 Domestic Ret  | turn Receipt 102595-02-M-154   |
| PS Form 3811, February 2004 Domestic Ret SENDER: COMPLETE THIS SECTION  | turn Receipt 102595-02-M-1544  COMPLETE THIS SECTION ON DELIVERY   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete  | COMPLETE THIS SECTION ON DELIVERY  A. Signature  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse  | COMPLETE THIS SECTION ON DELIVERY  A. Signature  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,   | A. Signature  A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  C. Date of Deliver  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.   | A. Signature  A. Signature  A. Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,   | A. Signature  B. Received by (Printed Name)  C. Date of Deliver  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Timothy Hay Jownend   | A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   Yes  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Timothy Hay Jownend   | A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Deliver  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Timothy Hay Jownend   | A. Signature  A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  C. Date of Deliver  C. Date of Deliver  C. Date of Deliver  C. Date of Deliver  Addresse  If YES, enter delivery address below:   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Timothy thy Townlend  Sequence of the complete items of the mailpiece, or on the front if space permits.  Colo. Spg. Co | A. Signature  A. Signature  A. Signature  A. Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver  C. Date of Deliver  C. Date of Deliver  Addresse  If YES, enter delivery address below:  No  No  Service Type  Certified Mail  Express Mail |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.   | A. Signature  A. Signature  A. Signature  A. Agent  Addresse  B. Received by (Printed Name)  C. Date of Deliver  C. Date of Deliver  C. Date of Deliver  Addresse  If YES, enter delivery address below:  No  No  Service Type  Certified Mail  Express Mail |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>   | A. Signature   |
| 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.  | B. Received by (Printed Name) C. Date of Delivery  |
| Article Addressed to:     Addressed to:   | D. Is delivery address different from item 18  |
| Samuel of Ofelia Velardo  |  |
| 2865 Front Royal Dr.  |  |
| Colo Spgs Co<br>80919-4204  | 3. Service Type Certified Mail Registered Insured Mail C.O.D.  |
|   | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number (Transfer from service label) + 15000   | 10204600403  |
| PS Form 3811, February 2004 Domestic Ret  | turn Receipt 102595-02-M-1540  |
|   |  |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| ■ Complete items 1, 2, and 3. Also complete   | A. Signature   |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse   | X C (( Agent   |
| so that we can return the card to you.  Attach this card to the back of the mailpiece,  | B. Received by (Printed Name) C. Date of Deliver   |
| or on the front if space permits.  1. Article Addressed to:   | D Is delivery address different from item 1?  Yes  |
| Verdoorn 1999 Charitable<br>Unitrust<br>10463 Park Meadows Drive  | No No  |
| Ste 207<br>Lone Tree Co   | 3. Service Type  Certified Mail  |
| 80124-5318  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number   |  |
| (Transfer from service label)   |  |
|   |  |
| PS Form 3811, February 2004 Domestic Re   | eturn Receipt 102595-02-M-154  |
| Domestic Re   | eturn Receipt 102595-02-M-154  |
| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete  |  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  | A. Signature   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,  | COMPLETE THIS SECTION ON DELIVERY  A. Sigflature   |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.   | A. Signature  A. Signature  Address  B. Received by (Printed Name)  D. Is delivery address different from item 1?   Yes  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.   | A. Signature  A. Signature  Address  B. Received by (Printed Name)  D. Is delivery address different from item 1?   Yes  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to: Terry Wolfe + Sinny Bake 33330 Chuckwagon Rd | A. Signature  A. Signature  A. Signature  Address  B. Received by (Printed Name)  D. Is delively address different from item 1? Yes  If YES, date delivery address below:  No.  Lower Language Co.  Lower Lang |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.   | A. Signature  A. Signature  A. Signature  Address  B. Received by (Printed Name)  D. Is delively address different from item 1?   Yes If Yes, dated delivery address below:   No. 2   S   S   S   S   S   S   S   S   S  |
| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to: Terry Wolfe + Sinny Bake 33330 Chuckwagon Rd | A. Signature  A. Signature  A. Signature  Address  B. Received by (Printed Name)  D. Is delively address different from item 1? Yes  If YES, date Letively address below: No.  2153  Authorized Aprints  Columbia Columbia Columbia  3. Service Type  Columbia Certified Mail  |

PS Form 3811, February 2004

Domestic Return Receipt

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| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DE   | LIVERY                       |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse | A. Signature<br>X Noled   | ☐ Agent                      |
| so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.        | B. Received by ( Printed Name)  | C. Date of Deliver           |
| 1. Article Addressed to:  Mr. Paul Weissler  2817 Front Royal Dr.  Colo Spgs Co 80919-4204                                      | la delivery address different from it<br>if YES, enter delivery address bei | em 1?  Yes<br>ow:  No        |
| Colo Spgs Co 80419-4204   | 3. Service Type  Gertified Mail   | all<br>celpt for Merchandise |
|   | 4. Restricted Delivery? (Extra Fee)   | ☐ Yes                        |
| . Article Number  |   |                              |

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| Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees | \$                      | Postmark<br>Here   |
| Street, Apt. No.; or PO Bax No. City, State, ZIP+4 M2 PS Form 3800, August 2  | 295 Via                 | Cherden<br>Linko Viid<br>80839<br>See Heverso tor Instruct |

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