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OFFICIAL USE

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

ORDER
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 8/2/19

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 PS Form 3800, A

Radcliffe Dann IV
 Davis Graham & Stubbs LLP
 1550 17th Street, Suite 500
 Denver, CO 80202
 SDWA-08-2019-0022

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:
 Radcliffe Dann IV
 Davis Graham & Stubbs LLP
 1550 17th Street, Suite 500
 Denver, CO 80202
 SDWA-08-2019-0022



9590 9402 3226 7196 2889 27

2. Article Number (Transfer from service label)
 7012 2210 0000 5367 8297

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee
 B. Received by (Printed Name) *Angie O'Dowd*
 C. Date of Delivery *8/7/19*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

AUG 05 2019

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 |
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| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |