

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Postmark  
Here

Total Postage

Timothy Gablehouse

Gablehouse, Granberg, LLC.

410 Seventeenth Street, Suite 1375

Denver, CO 80202

CWA-08-2015-0024 CAFO

Sent To

Street, Apt  
or PO Box

City, State

PS Form 3800, August 2006

7009 3410 0000 2598 1920

**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:

SEP 24 2015

Timothy Gablehouse  
Gablehouse, Granberg, LLC.  
410 Seventeenth Street, Suite 1375  
Denver, CO 80202  
CWA-08-2015-0024 CAFO

2. Article Number  
(Transfer from serv)

7009 3410 0000 2598 1920

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x Cynthia J

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-25

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

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540