

7008 3230 0003 0725 9966

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

Hal Rosen, Registered Agent for
 Frostwood 6 LLC
 5911 South Fashion Blvd, Suite 200
 Salt Lake City, Utah 84107-7210
 CWA-08-2017-0026

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 10-2</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>1. Article Addressed to:</p> <p>Hal Rosen, Registered Agent for Frostwood 6 LLC 5911 South Fashion Blvd, Suite 200 Salt Lake City, Utah 84107-7210</p> <p>SEP 28 2017 B</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7008 3230 0003 0725 9966</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>