

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**  
 Order CWA-08-2013-000

7009 3410 0000 2595 5334

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

11/27/12

Postmark  
Here

Total | **Laura J. Riese, #18935**  
**Nichole M. Abbott, #34897**  
 Sent To **Davis, Graham & Stubbs, LLP**  
 Street, A 1550 17<sup>th</sup> Street, Suite 500  
 or PO Box Denver, CO 80202  
 City, State

PS Form 3800, August 2006

See Reverse for Instructions

**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.

Laura J. Riese, #18935  
 Nichole M. Abbott, #34897  
 Davis, Graham & Stubbs, LLP  
 1550 17<sup>th</sup> Street, Suite 500  
 Denver, CO 80202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 11/29

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

A NOV 28 2012

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from) 7009 3410 0000 2595 5334

Order