

7012 2210 0000 5371 0980

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

CWA-08 2017
21 r22
Postmark Here
CAFO 9/14/17

Sent To Mr. Jonathan H. Steeler
Senn Visciano Cangles P.C.
1700 Lincoln Street, Suite 4300
Denver, CO 80203

Street, or PO B
City, State

PS Form 3811, February 2004 Instructions

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 X <i>Leah Arthur</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Leah Arthur</i> C. Date of Delivery <i>9/18/17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. Jonathan H. Steeler Senn Visciano Cangles P.C. 1700 Lincoln Street, Suite 4300 Denver, CO 80203</p> <p>SEP 14 2017 E</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from) 7012 2210 0000 5371 0980</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540