

Complete items 1, 2, and 3. Also coitem 4 if Restricted Delivery is desired Print your name and address on the	ed.	X Ment Agent Addressee				
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. Article Addressed to:		B. Received by (Printed Name)			16	C. Date of Delivery
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
DEC 0 9 2013 Robert Martin, Owner						
Specialty Chemical and Systems, Inc. 4650 Leyden Street, Suite A Denver, CO 80216		3. Service Type □ Certified Mail □ Registered □ Insured Mail □ C.O.D.				
		4. Restricted Delivery? (Extra Fee) ☐ Yes				☐ Yes
Article Number (Transfer from service label)	7008	3230	0003	0727	1500	
3 Form 3811, February 2004	Domestic Return Receipt					102595-02-M-1540

ENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY