| 8 0243 | U.S. Postal Service TIM CERTIFIED MAILTER RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | |
|-------------|--|--------|------------------------|---------|
| | For delivery information visit our website at www.usps.com | | | |
| 072 | Postage Certified Fee | \$ | 3/0/15 | |
| 8 3230 0003 | Return Receipt Fee (Endorsement Required) | | Postmark Here | |
| | Restricted Delivery Fee (Endorsement Required) Total Pc Kevin J. 0 | 'Toole | | |
| | Sent To Sent To Sent To Sent To Sent To | | | |
| 7008 | Street, Ap or PO Box DOCKET NOS.: CAA-08-2015-0009 City, State EPCRA-08-2015-0002 | | | |
| | PS Form 3800. August | 2006 | See Reverse for Instru | uctions |

| | Charles and the control of the contr | | |
|---|--|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
| 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. Article Addressed to: | A. Signature X | | |
| Kevin J. O'Toole Bookhardt & O'Toole 999 Eighteenth Street, Suite 2500 Denver, CO 80202 | MAR 0 3 2015 | | |
| DOCKET NOS.: CAA-08-2015-0009 EPCRA-08-2015-0002 | 3. Service Type Descripted Mall Registered Registered Insured Mall C.O.D. | | |
| | 4. Restricted Delivery? (Extra Fee) | | |
| 2. Article 1 7008 3230 0003 0728 | 0243 CAFOS | | |
| PS Form 3811, February 2004 Domestic Ref | turn Receipt 102595-02-M-1540 | | |
| | | | |