

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 USE

7012 2210 0000 5367 8365

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

CAFO
 Postmark Here
 2/2/19

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

Tallgrass Midstream, LLC
 370 Van Gordon Street
 Lakewood, CO 80228
 CAA-08-2019-0002

PS Form 3800, August 2009

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.

1. Article Addressed to:

B

Tallgrass Midstream, LLC
 370 Van Gordon Street
 Lakewood, CO 80228
 CAA-08-2019-0002

FEB 2 5 2019

2. Article Number
 (Transfer from service label)

7012 2210 0000 5367 8365

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

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

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

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

4. Restricted Delivery? (Extra Fee) Yes