

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 3410 0000 2596 3124

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

10/24/11  
 Postmark Here

Total Postage & Don Zelnicker  
 Sent To The Grow Store  
 Street, Apt. No.; or PO Box No. 8646 W. Colfax Avenue  
 City, State, ZIP+4 Lakewood, CO 80215  
 PEPPA-08-2011-0002

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.

1. Article Addressed to:  
 Don Zelnicker  
 The Grow Store  
 8646 W. Colfax Avenue  
 Lakewood, CO 80215

2. Article (Trans) PEPPA-08-2011-0002  
 7009 3410 0000 2596 3124

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery 10-25-11  
 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