

**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:

JAMES B. MARTIN  
 COLORADO DEPARTMENT OF PUBLIC HEALTH  
 AND ENVIRONMENT  
 4300 CHERRY CREEK DRIVE SOUTH  
 DENVER, CO 80246-1530

ENT-1 SEP 05 2007 D

2. Article Number  
 (Transfer from service label)

7006 3450 0002 1975 8773

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **Joe R. Trevizo**  
**Dept. of Health**  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 11/25/07

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

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- 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:

JACK A. CANON, REGISTERED AGENT  
 SAMSON RESOURCES COMPANY  
 2 WEST SECOND STREET  
 TULSA, OK 74103-3103

ENT-L SEP 05 2007 E

2. Article Number  
 (Transfer from service label)

7006 3450 0002 1975 8766

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **J. Dorsey**  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 SEP -7 2007

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

PS Form 3811, February 2004

Domestic Return Receipt