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

7005 1820 0005 4855 7704

Postage $ 11/27/09
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

Postmark Here

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

Roseann Escher, Paralegal
Coors Legal Department
P. O. Box 4030, NH-335
Golden, CO 80401-0300

DOCKET NO.: TSCA-08-2007-0019

PS Form 3800, June 2002 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:
NOV 27/07 3

Roseann Escher, Paralegal
Coors Legal Department
P. O. Box 4030, NH-335
Golden, CO 80401-0300

8 RC

DOCKET NO.: TSCA-08-2007-0019

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
Addressee

B. Received by (Printed Name) C. Date of Delivery
NOV 28 2007

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

USPS

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0005 4855 7704

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540