<ul> <li>CHARGEN. COMMUNCATION</li> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Attach the Reisch, Esq.</li> <li>Kott H. Reisch, Esq.</li> <li>Hogan Lovells USLLP.</li> <li>One Tabor Center, Suite 1500</li> <li>1200 Seventeenth Street</li> <li>Denver, CO 80202</li> </ul>	ATUDIOS JALC. COMPLETE THIS SECTION ON DELIVERY A. Signature B. Received by (Printed Name) B. Received by (Printed Name) D. Is delivery address elifferent from item 1? D. Is delivery address elifferent from item 1? I Yes If YES, enter delivery address below: C. Date of Delivery D. Is delivery address elifferent from item 1? Ves If YES, enter delivery C. Date of Delivery
	3. Service Type 23 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7903	1680 0000 5220 1687
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