

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

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

**OFFICIAL USE**

7008 3230 0003 0726 3192

Postage	\$	8/22/13 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post:		
Sent To	Dareen Musteroha, President	
Street, Apt. or PO Box #	The Bone Yard	
City, State, & ZIP+4®	5301 Monroe Street Denver, CO 80216	
	DOCKET NO.: CWA-08-2013-0017	

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:

**Dareen Musteroha, President**  
**The Bone Yard**  
 5301 Monroe Street  
 Denver, CO 80216  
 DOCKET NO.: CWA-08-2013-0017

▶ **AUG 23 2013**

2. Article Number (Transfer from) **7008 3230 0003 0726 3192**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **Basil Hamid**

C. Date of Delivery **8-24-13**

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

102595-02-M-1540