

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**

7008 3230 0003 0726 3383

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

9/30/13

Postmark  
Here

**Total**  
 Contiguglia/Fazzone, P. C.  
 837 Sherman Street, Suite 2D  
 Denver, CO 80203

**Street or PO Box**  
**City, State, ZIP+4®**  
 DOCKET NO.: CWA-08-2013-0037

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:

Contiguglia/Fazzone, P. C.  
 837 Sherman Street, Suite 2D  
 Denver, CO 80203

DOCKET NO.: CWA-08-2013-0037

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2. Article  
(Tracking Number)

7008 3230 0003 0726 3383

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Handwritten Signature*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

(CAFO)