

7008 3230 0003 0726 3369

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**

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

9/30/13

Postmark  
Here

To **Edward J. Krisor**  
**Attorney**

3900 S. Wadsworth Blvd., Suite 320  
Lakewood, CO 80235  
**DOCKET NO.: CWA-08-2013-0025**

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:

**Edward J. Krisor**  
**Attorney**  
3900 S. Wadsworth Blvd., Suite 320  
Lakewood, CO 80235  
**DOCKET NO.: CWA-08-2013-0025**

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2. Article Number (7) 7008 3230 0003 0726 3369

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *Edward J. Krisor*  Agent  Addressee

B. Received by (Printed Name) **EDWARD J. KRISOR** C. Date of Delivery **10/3/13**

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

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