

7008 3230 0003 0726 3697

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** CAI FO

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

10/20/14

Postmark  
Here

Robin Livingston, EHS Manager  
CordenPharma Colorado, Inc.  
2075 North 55<sup>th</sup> Street  
Boulder, CO 80301

Sent To  
Street, or PO  
City, St  
DOCKET NO.: CAA-08-2015-0003

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:  
G OCT 21 2014  
Robin Livingston, EHS Manager  
CordenPharma Colorado, Inc.  
2075 North 55<sup>th</sup> Street  
Boulder, CO 80301  
DOCKET NO.: CAA-08-2015-0003

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *David D. Reed*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
10/23/14

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

2. Art (Tr) 7008 3230 0003 0726 3697 CAI FO

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