di di	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes No
Mr. Kevin Hart, Regional Manager Aspen View Homes, LLC	
1710 Jet Stream Drive, Suite 100 Colorado Springs, CO 80921	3. Service Type
#CWA-08-2015-0026	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 3230 0003 0726 0740	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540