

7008 3230 0003 0728 7686

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

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

5/25/14
CAFO
Postmark
Here

Total Postage
Sent To
Radcliffe Dann IV, Esq.
1550 17th Street, Suite 500
Denver, CO 80202

Street, Apt. No.,
or PO Box No.

City, State, ZIP

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: **MAY 25 2016**

Radcliffe Dann IV, Esq.
1550 17th Street, Suite 500
Denver, CO 80202

CAFO

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Ben Williams* Agent Addressee

B. Received by (Printed Name)
Ben Williams

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7008 3230 0003 0728 7686**

CAA-08-2016-0003