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PS Form 3800, A

Summit Renovations, Inc.
6834 South university Boulevard, #462
Centennial, CO 80122
TSCA-08-2016-0009

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Andrew Dallakoti</u></p> <p>C. Date of Delivery <u>8-22</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Summit Renovations, Inc. 6834 South university Boulevard, #462 Centennial, CO 80122 TSCA-08-2016-0009</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>B AUG 19 2016 CAFO</p>	<p>7012 2210 0000 5370 1995</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540