

7012 2210 0000 5369 9759

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)	
Total Postage & Fees	\$

12/15/17
Postmark Here
CAFO

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+
PS Form 3800, 1-03

Samuel J. Light
Light Kelly PC
101 University Avenue
Denver, CO 80206
CWA-08-2017-0027

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: **DEC 18 2017**

Samuel J. Light
Light Kelly PC
101 University Avenue
Denver, CO 80206
CWA-08-2017-0027

RC

CAFO

(E)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Melinda Culley* C. Date of Delivery *12-15-17*

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. Article Number
(Transfer from service label)

7012 2210 0000 5369 9759