

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the package or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Kan Linnichiff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to:	B. Received by (Printed Name) _____ C. Date of Delivery _____
<div style="border: 1px solid black; padding: 5px; text-align: center;">             Mr. and Mrs. Hinchliff              Trailer Services, Inc.              2033 E. 58<sup>th</sup> Ave.              Denver, CO 80216           </div> <p><i>Docket # DWA-08-2109-00120</i></p>	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>P.O. Box 16722            Denver, CO 80216</i>
2. Article Number (Transfer from service label)	3. Service Type <input checked="" 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) <input type="checkbox"/> Yes
7006 1630 0000 5157 1642	
PS Form 3811, February 2004	Domestic Return Receipt
	10295-02-000-1040