

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 3410 0000 2599 0915

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

10/3/2011

Postmark Here

**Jonathon Rapacki**  
**Family Tree Corporation**  
 2150 West 29<sup>th</sup> Avenue, Suite 500  
 Denver, CO 80211

Sent To

Street, Apt or PO Box  
 City, State, ZIP+4

DOCKET NO.: CWA-08-2011-0013

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:

OCT - 3 2011

**Jonathon Rapacki**  
**Family Tree Corporation**  
 2150 West 29<sup>th</sup> Avenue, Suite 500  
 Denver, CO 80211

DOCKET NO.: CWA-08-2011-0013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Steph Gatchett* C. Date of Delivery

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

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: 7009 3410 0000 2599 0915

CALFO