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OFFICIAL USE

7012 2210 0000 5367 8327

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

CAFO
 Postmark Here
 4/15/19

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

David Kole
 Colorado Western Construction
 6595 S. Dayton Street, Suite 1550
 Greenwood Village, CO 80111
 TSCA-08-2019-0002

PS Form 3800, August 2003

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:
 APR 16 2019
 David Kole
 Colorado Western Construction
 6595 S. Dayton Street, Suite 1550
 Greenwood Village, CO 80111
 TSCA-08-2019-0002
 B

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Heather Hinkel* Agent Addressee

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

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 5367 8327