

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

7009 3410 0000 2596 2745

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

CA 10
 6/6/03

Postmark
 Here

Total P **Lynn Kornfeld**
Faegre, Baker, Daniels, LLP.

Sent To 3200 Wells Fargo Center
 Street, A or PO Box 1700 Lincoln Street
 City, State Denver, CO 80203-4532

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: **6-7-13**

Lynn Kornfeld
Faegre, Baker, Daniels, LLP.
 3200 Wells Fargo Center
 1700 Lincoln Street
 Denver, CO 80203-4532

2. Article (Transf) **7009 3410 0000 2596 2745**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 6/8/03

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540