34	U.S. Postal Service TIM CERTIFIED MAILTH RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
E Z	For delivery information visit our website at www.usps.com			
л	OFFICARD USE			
0726	Postage	\$	5/1/14	
	Certified Fee			
000	Return Receipt Fee (Endorsement Required)		Postmark Here	
30	Restricted Delivery Fee (Endorsement Required)			
H	Davis	Postage & John Jacus Davis, Graham & Stubbs		
7008	1550 17th Street Suite 500			
	PS Form 3800, August 2	1006	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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:  MAY 0 2 2014  John Jacus Davis, Graham & Stubbs 1550 17th Street, Suite 500	A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery  5/1/9  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	
Denver, CO 80202  DOCKET NO.: CAA-08-2014-0001	3. Service Type  3. Service Type  Registered Return Receipt for Merchandise  Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Minutes 7008 3230 0003 0726	3734 CAIFO	
	eturn Receipt 102595-02-M-15	