

**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

7008 3230 0003 0727 6819

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

Postmark
Here

CA/FO
4/13/15

John R. Moser, Registered Agent
Stromo, LLC.
Total Postage 6600 W. 20th Street, Unit #11
Greeley, CO 80634

Sent To
Street, Apt. 1
or PO Box N
City, State, Zip++

DOCKET NO.: CWA-08-2015-0012

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:

John R. Moser, Registered Agent
Stromo, LLC.
6600 W. 20th Street, Unit #11
Greeley, CO 80634

DOCKET NO.: CWA-08-2015-0012

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
John Moser Address

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

APR 16 2015
80634-9908
GREELEY CO

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7008 3230 0003 0727 6819

CA/FO