

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 2595 6331

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

Postmark
Here

Total Amy M. Watson #40583, Attorney
 5496 North U.S. Highway 85

Sent To: P.O. Drawer A
 Street, or PO: Sedalia, CO 80135
 City, S: SDWA-08-2015-0026 CAFO

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:

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Amy M. Watson #40583, Attorney
 5496 North U.S. Highway 85
 P.O. Drawer A
 Sedalia, CO 80135
 SDWA-08-2015-0026 CAFO

SEP 28 2015

SEP 28 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Amy M. Watson 10/1/15

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) 7009 3410 0000 2595 6331

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540