

7008 3230 0003 0728 0335

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	1/20/16 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total P **John Jacus**
Davis, Graham & Stubbs
 1550 17th Street, Suite 500
 Denver, CO 80202

Sent To
 Street, A, or PO B.
 City, State
DOCKET NO.: TSCA-08-2016-0001

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>C. Date of Delivery 1/19</p>	
<p>1. Article Addressed to:</p> <p>John Jacus Davis, Graham & Stubbs 1550 17th Street, Suite 500 Denver, CO 80202</p> <p>DOCKET NO.: TSCA-08-2016-0001</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer fro 7008 3230 0003 0728 0335)</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	