

7012 2210 0000 5370 2084

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

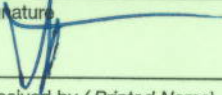
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

9/12/16
CAFO
Postmark
Here

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, A

Audrey Baker, Legal Counsel
CC Communities, LLC
8390 E. Crescent Parkway, Suite 600
Greenwood Village, CO 80111
CWA-08-2016-0011

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9/14</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>B</u> SEP 13 2016</p> <p>Audrey Baker, Legal Counsel CC Communities, LLC 8390 E. Crescent Parkway, Suite 600 Greenwood Village, CO 80111 CWA-08-2016-0011</p> <p style="text-align: center;">CAFO</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 from service label)</p> <p>7012 2210 0000 5370 2084</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540