

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

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

OFFICIAL USE

7009 3410 0000 2596 2950

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

5/14/2012

Postmark
Here

John Fognani, Esq.
 Total 1801 Broadway, Suite 80
 Denver, CO 80202

Sent To _____
 Street, _____
 or PO Box _____
 City, State, ZIP+4 _____

DOCKET NO.: CAA-08-2012-0005

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 Fognani, Esq.
 1801 Broadway, Suite 80
 Denver, CO 80202

DOCKET NO.: CAA-08-2012-0005

(J)

MAY 15 2012

2. A 7009 3410 0000 2596 2950

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jan Uria* Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery

5/14

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540