

7012 2210 0000 5371 2250

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

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OFFICIAL USE

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

CAFO

Postmark Here
9/15/17

Sent To
Street,
or PO
City, S

Paxton R. Guyman, Esq.
York, Howell and Guymon
6405 South 3000 East, Suite 150
Salt Lake City, Utah 84121

CWA-08-2017-0018

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: **SEP 18 2017**

Paxton R. Guyman, Esq.
York, Howell and Guymon
6405 South 3000 East, Suite 150
Salt Lake City, Utah 84121

A

2. Article Number **7012 2210 0000 5371 2250**
(Transfer from service)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
C. Harvey Addressee

B. Received by (Printed Name) *Camille Harvey* C. Date of Delivery *9/21*

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