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Certified Fee		
Return Receipt Fee (Endorsement Required)		
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1/8/2013

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Total Po **Laura J. Riese, #18935**
Nichole M. Abbott #34897

Sent To **Davis, Graham and Stubbs, LLP**
 1550 17th Street, Suite 500
 Denver, CO 80202

Street, Apt. or PO Box
 City, State **CWA 82013-0001**

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.
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1. Article Addressed to: **F JAN - 9 2013**

Laura J. Riese, #18935
 Nichole M. Abbott #34897
 Davis, Graham and Stubbs, LLP
 1550 17th Street, Suite 500
 Denver, CO 80202

CWA-08-2013-0001

2. Article Number: **7009 3410 0000 2595 5518**

COMPLETE THIS SECTION ON DELIVERY

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  Addressee

B. Received by (Printed Name) C. Date of Delivery
1/10

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
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 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

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