

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. 	A. Signature: <i>Melissa Davis</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Glen and Penny Holquin Lagan Place Apartments 16748-9C Smoky Hill Road, #168 Centennial, CO 80015 DOCKET NO.: TSCA-08-2008-0012 <div style="text-align: center; font-size: 24px; font-weight: bold;">AUG 25 2008</div>	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number <small>(Transfer from service label)</small>	D. Is delivery address different from item 1? If YES, enter delivery address below:	
PS Form 3811, February 2004	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7007 3020 0003 3320 6848	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt	102590-02-00-1040	