

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.

NOV 04 2008
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 Hudson's Bay Centre
 1600 Stout Street, Suite 1700
 Denver, CO 80202

DOCKET NO.: CWA-08-2008-0025

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *J. Schwarz* Agent
 Addressee

B. Received by (Printed Name)
 EI

C. Date of Delivery
 11-5-08

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

C

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7007 3020 0003 3320 8996

CARD

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540