

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

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OFFICIAL USE

7012 2210 0000 5367 8372

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

CAFD
 Postmark Here
 2/21/19

Olivia B. Lucas
 Faegre Baker Daniels LLP
 1470 Walnut Street, Suite 300
 Boulder, CO 80302
 CAA-08-2019-0002

Sent To
 Street, Apt. No.
 or PO Box No.
 City, State, ZIP

PS Form 3800, August 2004

Use 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:

A
 Olivia B. Lucas
 Faegre Baker Daniels LLP
 1470 Walnut Street, Suite 300
 Boulder, CO 80302
 CAA-08-2019-0002

2. Article Number
 (Transfer from service label)

7012 2210 0000 5367 8372

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Metal Agent
 Addressee

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

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