

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

7012 2210 0000 5369 9971

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

CAFD 7/31/18  
 Postmark Here

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

Emily Schilling  
 Holland & Hart LLP  
 222 S. Main Street, Suite 2200  
 Salt Lake City, UT 84101  
 CAA-08-2018-0009

PS Form 3800

**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:

AUG 01 2018

Emily Schilling  
 Holland & Hart LLP  
 222 S. Main Street, Suite 2200  
 Salt Lake City, UT 84101  
 CAA-08-2018-0009

2. Article Number  
 (Transfer from service label)

7012 2210 0000 5369 9971

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *[Signature]*  Addressee

B. Received by (Printed Name)  
*Krista Bridge*

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

Domestic Return Receipt

102595-02-M-1540