

7012 2210 0000 5367 8839

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$	CAFO 11/21/16 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Kenneth B. Milyard  
 480 W. Park Drive, Suite 200  
 Grand Junction, CO 81505  
 CWA-08-2016-0010

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, A

7012 2210 0000 5367 8839

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**OFFICIAL USE**

Postage	\$	CAFO re-send 1/20/17 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Mr. Kenneth B. Milyard, Jr.  
 Field #4 LLC & Constructors West, Inc.  
 P.O. Box 2161  
 Grand Junction, CO 81505  
 CWA-08-2016-0010

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> James mckenzie <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            JAMES M MCKENZIE</p> <p>C. Date of Delivery            1-30-17</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <b>A</b></p> <p>Mr. Kenneth B. Milyard, Jr.            Field #4 LLC &amp; Constructors West, Inc.            P.O. Box 2161            Grand Junction, CO 81505            CWA-08-2016-0010</p> <p>CAFO re-send</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>7012 2210 0000 5367 8839</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540