

7009 3410 0000 2597 6162

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

8/23/2011

Postmark
Here

Jonathon Rapacki
Family Tree Corporation
2150 West 29th Avenue, Suite 500
Denver, CO 80211

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

DOCKET NO.: CWA-08-2011-0013

PS Form 3800, August 2006

See 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: AUG 24 2011

Jonathon Rapacki
Family Tree Corporation
2150 West 29th Avenue, Suite 500
Denver, CO 80211

DOCKET NO.: CWA-08-2011-0013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
A. Israel
- B. Received by (Printed Name) *A. Israel*
- C. Date of Delivery *AUG 30 2011*
- 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

2. A *Order*
7009 3410 0000 2597 6162