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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

Postmark
Here

Sent To	MillerCoors Brewing LLC
Street or PO	12th & Ford
City, S	Golden, CO 80401
PS Fo	Attn: Shannon Ambrosio
	Docket No: CAA-08-2009-004

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  JAN 5 2009</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to: JAN - 6 2009</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>MillerCoors Brewing LLC 12th & Ford Golden, CO 80401 Attn: Shannon Ambrosio Docket No: CAA-08-2009-004</p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input 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>7007 3020 0003 3320 8910</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>

102595-02-M-1540