

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:

#CWA-08-2617-0020

Colorado Dept. of Transportation
4201 East Arkansas Ave., Suite 262
Denver, CO 80222

2. Article Number

(Transfer from service label)

7012 2210 0000 5369 2897

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Xc J. Fogel

Agent

Addressee

B. Received by (Printed Name)

J. Fogel

C. Date of Delivery

RECEIVED

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below No

AUG 17 2017

Per _____

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes