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PS Form 3811, February 2004

**Rick Kerr, Vice President
 Parliament Apartments, L.L.C.
 1640 Grant Street, Suite 200
 Denver, CO 80203
 Docket No.: CAA-08-2009-0031**

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 type="checkbox"/> Addressee</p> <p><i>Nichelle Loncaric</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Nichelle Loncaric</i> <i>7/21/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Rick Kerr, Vice President Parliament Apartments, L.L.C. 1640 Grant Street, Suite 200 Denver, CO 80203 Docket No.: CAA-08-2009-0031 A</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7008 1830 0000 5157 4490</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	