

**Notice to Adjacent Homes for Lot 210D**

To Whom it may concern:

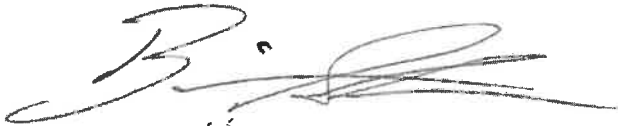
This letter is being sent to you because The Springs Mobile Home Park is proposing a land use project in El Paso County at 1095 Western Dr Lot 210D, Colorado Springs, CO 80915. This information is being provided to you prior to a submittal with the County. Please direct any questions on the proposal to:

Brian Sloan, Director of Sales and Marketing  
8350 E Raintree Dr., Scottsdale, AZ 85260  
Phone number- 602-288-5965 ext 111

Prior to any public hearing on this proposal a notification will be sent to the adjacent property owners by the El Paso County Planning Department. At that time you will be given the El Paso County contact information, the file number and an opportunity to respond either for, against or expressing no opinion in writing or in person at the public hearing for this proposal.

We are asking for a 20% Administrative Variance for Lot 210D in order to meet customer demands for a larger home on this Lot. This will not have an adverse effect on your property line, landscaping, site, road or common area access.

Thank you for your residency,

A handwritten signature in black ink, appearing to read 'Brian Sloan', with a large, stylized initial 'B' and a long, sweeping underline.

Brian Sloan, Director of Sales and Marketing, Roberts Resorts

**Notice to Adjacent Homes for Lot 579J**

To Whom it may concern:

This letter is being sent to you because The Springs Mobile Home Park is proposing a land use project in El Paso County at 1095 Western Dr Lot 579J, Colorado Springs, CO 80915. This information is being provided to you prior to a submittal with the County. Please direct any questions on the proposal to:

Brian Sloan, Director of Sales and Marketing  
8350 E Raintree Dr., Scottsdale, AZ 85260  
Phone number- 602-288-5965 ext 111

Prior to any public hearing on this proposal a notification will be sent to the adjacent property owners by the El Paso County Planning Department. At that time you will be given the El Paso County contact information, the file number and an opportunity to respond either for, against or expressing no opinion in writing or in person at the public hearing for this proposal.

We are asking for a 20% Administrative Variance for Lot 579J in order to meet customer demands for a larger home on this Lot. This will not have an adverse effect on your property line, landscaping, site, road or common area access.

Thank you for your residency,

A handwritten signature in black ink, appearing to read 'Brian Sloan', written in a cursive style.

Brian Sloan, Director of Sales and Marketing, Roberts Resorts

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Certified Mail Fee **\$3.55**

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$2.85  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees **\$6.95**

0609  
1  
Postmark Here  
SEP 11 2020  
09/11/2020

Sent to **Current Resident**  
1095 Western Dr #460J  
City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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**Colorado Springs, CO 80915**

Certified Mail Fee **\$3.55**

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$2.85  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees **\$6.95**

0609  
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Postmark Here  
SEP 11 2020  
09/11/2020

Sent to **CURRENT RESIDENT**  
1095 WESTERN DR #113A  
City, State, ZIP+4®  
**C/S CO 80915**

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**Colorado Springs, CO 80915**

Certified Mail Fee **\$3.55**

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$2.85  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees **\$6.95**

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Postmark Here  
SEP 11 2020  
09/11/2020

Sent to **Current Resident**  
1095 Western Dr 460J  
City, State, ZIP+4®  
**C/S CO 80915**

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**Colorado Springs, CO 80915**

Certified Mail Fee **\$3.55**

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$2.85  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees **\$6.95**

0609  
1  
Postmark Here  
SEP 11 2020  
09/11/2020

Sent to **CURRENT RESIDENT**  
1095 Western Drive 578J  
City, State, ZIP+4®  
**C/S CO 80915**

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**Colorado Springs, CO 80915**

Certified Mail Fee **\$3.55**

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$2.85  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees **\$6.95**

0609  
1  
Postmark Here  
SEP 11 2020  
09/11/2020

Sent to **Current Resident**  
1095 Western Dr #249D  
City, State, ZIP+4®  
**C/S CO 80915**

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**Colorado Springs, CO 80915**

Certified Mail Fee **\$3.55**

Extra Services & Fees (check box, add fee to postage)  
 Return Receipt (hardcopy) \$2.85  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees **\$6.95**

0609  
1  
Postmark Here  
SEP 11 2020  
09/11/2020

Sent to **Current Resident**  
1095 Western Dr #460J  
City, State, ZIP+4®  
**C/S CO 80915**

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7020 1290 0001 1164 1798

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**Colorado Springs, CO 80915**

|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.55 | 0609 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$2.85 | 1    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Required            | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$0.55 |      |
| Total Postage and Fees                                       | \$6.95 |      |

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 Western dr 114A**  
 City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0001 1164 1643

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**Colorado Springs, CO 80915**

|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.55 | 0609 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$2.85 | 1    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Required            | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$0.55 |      |
| Total Postage and Fees                                       | \$6.95 |      |

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 Western drive #360E**  
 City, State, ZIP+4®  
**C/S CO 80915**

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**Colorado Springs, CO 80915**

|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.55 | 0609 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$2.85 | 1    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Required            | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$0.55 |      |
| Total Postage and Fees                                       | \$6.95 |      |

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 Western Drive #360E**  
 City, State, ZIP+4®  
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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0001 1164 1674

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|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.55 | 0609 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$2.85 | 1    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Required            | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$0.55 |      |
| Total Postage and Fees                                       | \$6.95 |      |

Sent to **Current Resident**  
 Street and Apt. No., or PO Box No.  
**1095 Western dr #580J**  
 City, State, ZIP+4®  
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|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.55 | 0609 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$2.85 | 1    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Required            | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$0.55 |      |
| Total Postage and Fees                                       | \$6.95 |      |

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 WESTERN DRIVE 248D**  
 City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 1290 0001 1164 1681

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|  |        |      |
|--|--------|------|
| Certified Mail Fee   | \$3.55 | 0609 |
| Extra Services & Fees (check box, add fee as appropriate)    | \$2.85 | 1    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$0.00 |      |
| <input type="checkbox"/> Return Receipt (electronic)         | \$0.00 |      |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Required            | \$0.00 |      |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$0.00 |      |
| Postage  | \$0.55 |      |
| Total Postage and Fees                                       | \$6.95 |      |

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 Western drive #577J**  
 City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
*Current Resident*  
*1095 Western Dr #4615*  
*C/S CO 80915*



2. Article Number (Transfer from service label)  
 7020 1290 0001 1164 1728

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt

**U.S. Postal Service™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Colorado Springs, CO 80915

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for appropriate)

|  |         |
|--|---------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ 2.95 |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ 0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Required            | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ 0.00 |

Postage \$4.00

Total Postage and Fees \$6.95

Sent To *CURRENT RESIDENT*  
 Street and Apt. No., or PO Box No. *1095 WESTERN DRIVE # 112A*  
 City, State, ZIP+4® *C/S CO 80915*

Postmark Here  
 SEP 11 2020  
 09/11/2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Colorado Springs, CO 80915

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for appropriate)

|  |         |
|--|---------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ 2.95 |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ 0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Required            | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ 0.00 |

Postage \$4.00

Total Postage and Fees \$6.95

Sent To *CURRENT RESIDENT*  
 Street and Apt. No., or PO Box No. *1095 WESTERN DR # 210D*  
 City, State, ZIP+4® *C/S CO 80915*

Postmark Here  
 SEP 11 2020  
 09/11/2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Colorado Springs, CO 80915

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for appropriate)

|  |         |
|--|---------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ 2.95 |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ 0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Required            | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ 0.00 |

Postage \$4.00

Total Postage and Fees \$6.95

Sent To *CURRENT RESIDENT*  
 Street and Apt. No., or PO Box No. *1095 WESTERN DR #136B*  
 City, State, ZIP+4® *C/S CO 80915*

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 09/11/2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Colorado Springs, CO 80915

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for appropriate)

|  |         |
|--|---------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ 2.95 |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ 0.00 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Required            | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ 0.00 |

Postage \$4.00


Total Postage and Fees \$6.95


Sent To *CURRENT RESIDENT*  
 Street and Apt. No., or PO Box No. *1095 Western Drive #361E*  
 City, State, ZIP+4® *C/S CO 80915*

Postmark Here  
 SEP 11 2020  
 09/11/2020

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (FOLD AT DOTTED LINE)


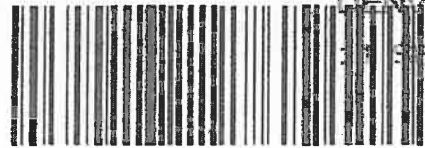

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |
| <p>1. Article Addressed to:</p> <p><i>Current resident<br/>1095 Western dr #112A<br/>C/S CO 80915</i></p>  <p>9590 9402 5967 0062 1672 07</p>                                     | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |
| <p>2. Article Number (<i>Transfer from service label</i>)</p> <p>7020 1290 0001 1164 1636</p>  | <p><input type="checkbox"/> Restricted Delivery</p>   |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>  |   |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |
| <p>1. Article Addressed to:</p> <p><i>Current resident<br/>1095 Western dr 2100<br/>C/S CO 80915</i></p>  <p>9590 9402 5967 0062 1738 40</p>                                    | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (<i>Transfer from service label</i>)</p> <p>7020 1290 0001 1164 1612</p>  |   |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>  |   |

*Leisure Home Sales  
1095 Western Dr OFC  
C/S CO 80915*

**CERTIFIED MAIL**

DENVER CO 80915

7020 1290 0001 1164 1643 1023 80915

U.S. POSTA  
FCM LETTER  
COLORADO  
80909  
SEP 11 2015  
AMOUNT  
**\$6.50**  
R2304H1078

*CURRENT RESIDENT  
1095 Western Dr #310E*



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Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**Colorado Springs, CO 80915**

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for each service)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

0609 1

Postmark Here

SEP 11 2020

09/11/2020

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 WESTERN DR #136B**  
 City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions

7020 1290 0001 1164 1612

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**Colorado Springs, CO 80915**

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for each service)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

0609 1

Postmark Here

SEP 11 2020

09/11/2020

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 WESTERN DRIVE #112A**  
 City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions

7020 1290 0001 1164 1612

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**Colorado Springs, CO 80915**

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee for each service)  
 Return Receipt (hardcopy) \$0.00  
 Return Receipt (electronic) \$0.00  
 Certified Mail Restricted Delivery \$0.00  
 Adult Signature Required \$0.00  
 Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$6.95

0609 1

Postmark Here

SEP 11 2020

09/11/2020

Sent to **CURRENT RESIDENT**  
 Street and Apt. No., or PO Box No.  
**1095 WESTERN DR #210D**  
 City, State, ZIP+4®  
**C/S CO 80915**

PS Form 3800, April 2015 PSN 7533-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Current Resident  
1095 Western dr #248D  
C/S CO 80915

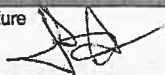


9590 9402 5967 0062 1671 22

2. Article Number (Transfer from service label)

7020 1290 0001 1164 1704

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Current resident  
1095 Western dr #580J  
C/S CO 80915



9590 9402 5967 0062 1671 60

2. Article Number (Transfer from service label)

7020 1290 0001 1164 1674

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Current Resident  
1095 Western dr #114A  
C/S CO 80915



9590 9402 5967 0062 1671 77

2. Article Number (Transfer from service label)

7020 1290 0001 1164 1667

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053