

**March 13, 2020**

MORLEY-BENTLEY INVESTMENTS LLC  
9275 ARROYA LANE  
COLORADO SPRINGS, CO 80908

**RE: Subdivision Exemption  
Notice to Adjacent Property Owners**

Dear Property Owner:

This letter is being sent to you because Woodmen Hills Metropolitan District (WHMD, the District) is proposing a land use project in El Paso County at the location referenced below. This information is being provided to you prior to a submittal with the County. Please direct any questions on the proposal to the referenced contact below. Prior to any public hearing on this proposal, a notification of the time and place of the public hearing 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.

**For questions specific to this project, please contact:**

Engineering Consultants/Applicant (on behalf of WHMD):

JDS-Hydro Consultants, Inc.  
5540 Tech Center Drive, Suite 100  
Colorado Springs, CO 80919

Contact:

Ryan Mangino, P.E.  
(719) 227-0072 Ext. 103

**Site address, location, size, and zoning:**

El Paso County Parcel No: 5200000361

The center of the parcel listed above is specifically located approximately 0.75 miles southeast of the intersection of Vollmer Road and Arroya Lane and is zoned RR-5.

**Request and justification:**

In preparation for the El Paso County subdivision exemption process, WHMD is presenting documentation to exempt a 1.47-acre parcel from the 278-acre parcel listed above for purposes of building a potable water concrete storage tank, with a potential second tank in the future.

The proposed tanks will be located within 300 feet of an existing potable water concrete storage tank that currently serves development to the south.

By exempting this parcel, it will then be owned by the Woodmen Hills Metropolitan District, and the tanks will serve development within WHMD service boundaries.



The proposed location for the tanks is ideal due to the elevation of the site and the existence of an equal facility in close proximity. The proposed tanks will mirror the architectural aesthetics of the existing tank while maintaining a profile.

No new roads are being proposed, and the existing Arroya Lane is adequate for access. The facilities will be secured by fencing and unmanned. Daily or weekly access will be made by operations staff to inspect the facility. The tanks will not involve any pumps, motors, or any other noise-making equipment.

**Waiver request and justification:**

In addition to neighbor notification, the associated El Paso County Location Approval requirement includes a hearing before the Planning Commission. It is also required that the Location Approvals are to be heard within 30 days of the initial submittal. The time constraint of this process (typically 2-4 months), along with the limited days the Planning Commission meets (twice a month), make it not possible to meet this deadline. Therefore, the County requests the applicant to submit a waiver of the 30-day requirement which will allow for scheduling the hearing and completing a full review of the application.

Construction is projected to begin in Summer of 2020 with completion set for November of 2020.

Please find the enclosed document accompanying this letter. If you have any questions, please do not hesitate to call.

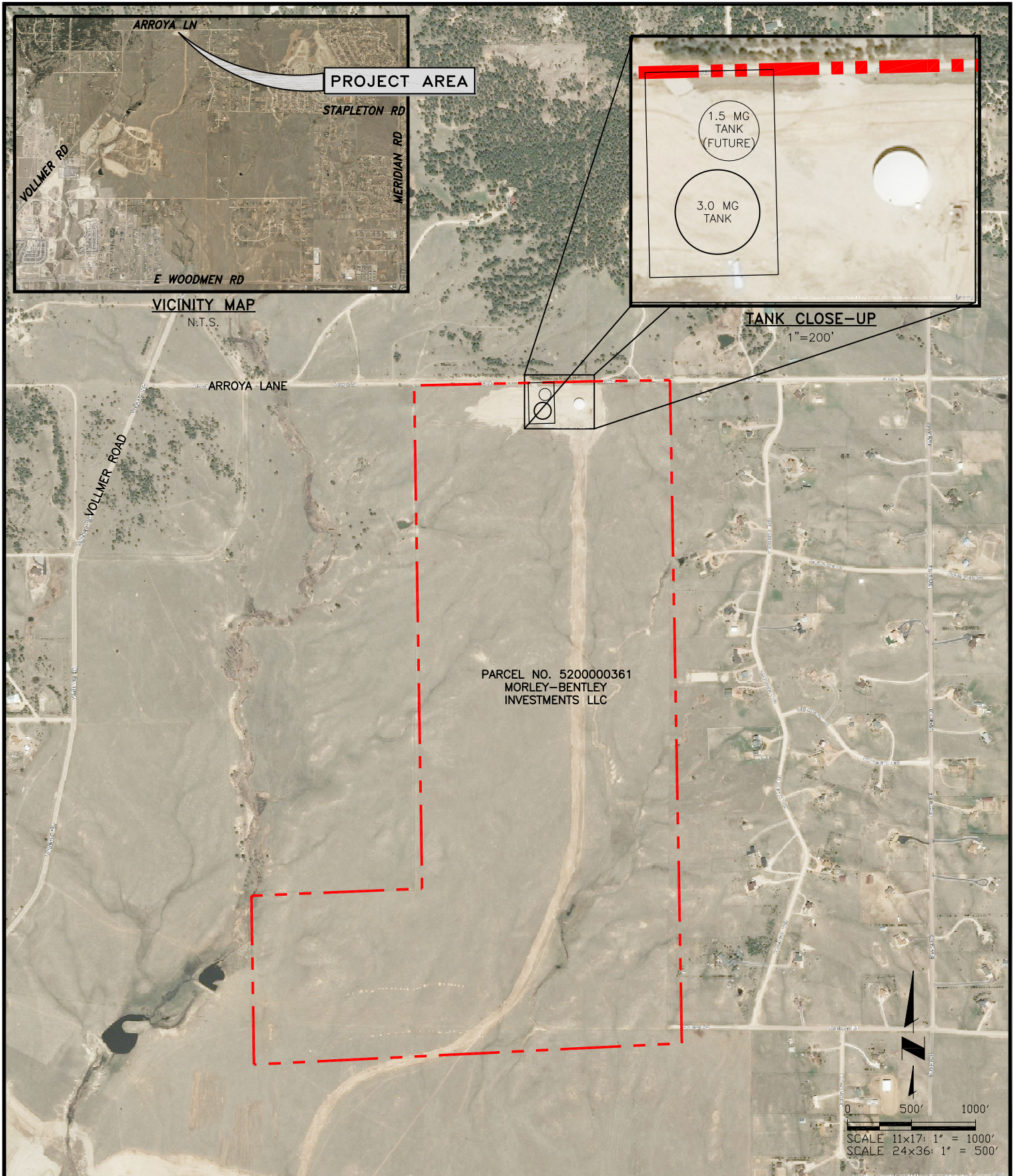
Sincerely,

**JDS-HYDRO CONSULTANTS, INC.** on behalf of the Woodmen Hills Metropolitan District

A handwritten signature in blue ink, appearing to read "R. Mangino", is written over the printed name.

Ryan Mangino, P.E.  
*Enclosures*





Project No.: 112.115
Date: 03/16/20
Design: RMM
Drawn: TLM
Check: RMM
Revised:
Revised:

WOODMEN HILLS METROPOLITAN DISTRICT

WEST WATER TANK SDP

TANK SITE

**JDS-HYDRO** CONSULTANTS, INC.

5540 TECH CENTER DR., SUITE 100  
COLORADO SPRINGS, COLORADO 80919  
(719) 227-0072

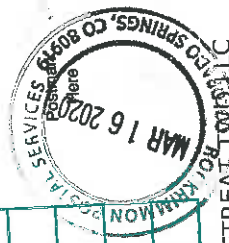
DISCLAIMER: THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS, ANY ERRORS OR OMISSIONS SHALL BE REPORTED TO JDS-HYDRO CONSULTANTS, INC. JDS-HYDRO ASSUMES NO LIABILITY FOR UNAUTHORIZED CHANGES AND/OR REVISIONS MADE TO PLANS.



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<b>Total Postage &amp; Fees</b>	<b>\$ 6.95</b>



Sent To: MY MOUNTAIN RETREAT TWO LLC  
 10110 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4802

Street, Apt. 1  
 or PO Box A  
 City, State, Z

PS Form 3800, June 2002  
 7004 JJ60 0002 9209 4971  
 See Reverse for Instructions

DENVER  
 CO 80202

**CPU**

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**\$6.95**  
 FCML 0023  
 Orig: 80919 82  
 03/16/20 82  
 11082234 90



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 COLORADO SPRINGS, CO 80908-4802

NIXIE 808 CE 1 7204/10/20

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☐ Adult Signature Restricted Delivery \$

Postage \$ .55

**Total Postage and Fees** \$ 6.95

Sent To DANIEL & SALLY MULVEY

Street and Apt 10440 TOMAHAWK TRL

City, State, Zip COLORADO SPRINGS, CO 80908-4831

PS Form 380



DENVER  
 CO 802  
 15 MAR 20  
 5:41

**CPU**

DANIEL & SALLY MULVEY  
 10440 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4831

**U.S. POSTAGE**  
 \$6.95  
 FCML 0023  
 Orig: 80919  
 03/16/20  
 11082234  
 R2305F  
 90



NIXIE 808 62 1 7204/22/20

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MANUAL PROC REQ \*1968-08847-10-05

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 8090854831

7018.0040 0000 1734 6586

9859 421 0000 0400 8102

7018 0040 0000 1734 6647

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☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .55

**Total Postage and Fees** \$ 6.95

Sent To **LENORE & BLANCHE RAFF**

Street and Apt. # **9420 ARROYA LN**

City, State, ZIP+4 **COLORADO SPRINGS, CO 80908-4406**

PS Form 3800, June 2002

Postmark Here  
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 COLORADO SPRINGS

7004 2510 0003 1367 6900

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Certified Fee \$ 3.55

Return Receipt Fee (Endorsement Required) \$ 2.85

Restricted Delivery Fee (Endorsement Required) \$ \_\_\_\_\_

**Total Postage & Fees** \$ 6.95

Sent To **COLTON W JOHNSON**

Street, or PO Box **9910 TOMAHAWK TRL**

City, State, ZIP+4 **COLORADO SPRINGS, CO 80908-4813**

PS Form 3800, June 2002

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 ROCKY MOUNTAIN POSTAL SERVICES

7019 2260 0001 8557 3462

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

☒ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$ \_\_\_\_\_

☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_

☐ Adult Signature Required \$ \_\_\_\_\_

☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ .55

**Total Postage and Fees** \$ 6.95

Sent To **TIMBERRIDGE DEVELOPMENT GROUP LL**

Street **6385 CORPORATE DR STE 200**

City, State, ZIP+4 **COLORADO SPRINGS, CO 80919-5912**

PS Form 3800, April 2015 PSN 7532-02-000-9047

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 Receipt (hardcopy) \$ 3.55  
 Receipt (electronic) \$  
 Mail Restricted Delivery \$  
 Signature Required \$  
 Signature Restricted Delivery \$

Postage and Fees \$ 6.95

ATTICUS LAND LLC  
PO BOX 88010  
COLORADO SPRINGS, CO 80908

**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:  
 ATTICUS LAND LLC  
PO BOX 88010  
COLORADO SPRINGS, CO 80908

2. Article Number (Transfer from service label)  
 7019 2280 0001 8557 3493

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  
☐ Insured Mail Restricted Delivery (over \$500)

**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  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
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 Receipt (hardcopy) \$ 3.55  
 Receipt (electronic) \$  
 Mail Restricted Delivery \$  
 Signature Required \$  
 Signature Restricted Delivery \$

Postage and Fees \$ 6.95

CHAMLEY TRUST: JAMES A CHAMLEY  
CO-TRUSTEE, GAIL C CHAMLEY CO-  
TRUSTEE  
9545 ARROYA LN  
COLORADO SPRINGS, CO 80908-4405

**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:  
 CHAMLEY TRUST: JAMES A CHAMLEY CO-  
TRUSTEE, GAIL C CHAMLEY CO-TRUSTEE  
9545 ARROYA LN  
COLORADO SPRINGS, CO 80908-4405

2. Article Number (Transfer from service label)  
 7019 2280 0001 8557 3530

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  
☐ Insured Mail Restricted Delivery (over \$500)

**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  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

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Postage \$ 3.55  
 Certified Fee \$ 3.55  
 Receipt Fee (not Required) \$ 2.85  
 Delivery Fee (not Required) \$  
 Postage & Fees \$ 6.95

GREBELDINGER LIVING TRUST,  
GREBELDINGER LAURA A TRUSTEE  
10330 TOMAHWAK TRL  
COLORADO SPRINGS, CO 80908-4831

**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:  
 GREBELDINGER LIVING TRUST,  
GREBELDINGER LAURA A TRUSTEE  
10330 TOMAHWAK TRL  
COLORADO SPRINGS, CO 80908-4831

2. Article Number (Transfer from service label)  
 7004 1160 0002 921

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  
☐ Insured Mail Restricted Delivery (over \$500)

**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  
☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



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Certified Fee	3.55
Return Receipt Fee (if Required)	2.85
Delivery Fee (if Required)	
<b>Postage &amp; Fees</b>	<b>\$ 14.95</b>

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 COLORADO SPRINGS, CO 80908

WILLIAM O SILCOX JR LIVING TRUST,  
 SILCOX HEIDELINDE LIVING TRUST  
 10230 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4802

**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:

WILLIAM O SILCOX JR LIVING TRUST,  
 SILCOX HEIDELINDE LIVING TRUST  
 10230 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4802



9590 9402 5685 9346 0157 14

2. Article Number (Transfer from service label)  
 7004 1160 0002 9209 4995

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 William O. Silcox Jr.

C. Date of Delivery  
 3/24/2020

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
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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Certified Fee	2.85
Return Receipt Fee (if Required)	
Delivery Fee (if Required)	
<b>Postage &amp; Fees</b>	<b>\$ 6.40</b>

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HERBERT L MARCHMAN  
 9350 ARROYA LN  
 COLORADO SPRINGS, CO 80908-4404

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1. Article Addressed to:

HERBERT L MARCHMAN  
 9350 ARROYA LN  
 COLORADO SPRINGS, CO 80908-4404



9590 9402 5685 9346 0167 80

2. Article Number (Transfer from service label)  
 7019 2280 0001 8557 3516

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 Agent R-54-C19

C. Date of Delivery  
 3/24/2020

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
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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Return Receipt Fee (if Required)	2.85
Delivery Fee (if Required)	
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 COLORADO SPRINGS, CO 80908

KILLGORE FAMILY LIVING TRUST  
 9970 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4813

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1. Article Addressed to:

KILLGORE FAMILY LIVING TRUST  
 9970 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4813



9590 9402 5685 9346 0157 76

2. Article Number (Transfer from service label)  
 7004 2510 0003 1367 6917

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**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☐ Agent  
☒ Addressee

B. Received by (Printed Name)  
 Amy Killgore

C. Date of Delivery  
 3/19/2020

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
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	



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 Receipt (electronic) \$ 2.85  
 Mail Restricted Delivery \$  
 Signature Required \$  
 Signature Restricted Delivery \$

Postage and Fees \$ 6.95

**MORLEY-BENTLEY INVESTMENTS LLC**  
 20 BOULDER CRESCENT ST 100  
 COLORADO SPRINGS, CO 80903-3300

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

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 ■ 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:  
 MORLEY-BENTLEY INVESTMENTS LLC  
 20 BOULDER CRESCENT ST 100  
 COLORADO SPRINGS, CO 80903-3300

2. Article Number (Transfer from service label)  
 7019 2280 0001 8557 3509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☐ Agent  
☐ Addressee

B. Received by (Printed Name)  
 [Signature]  
 C. Date of Delivery  
 3/18/20

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  
☐ 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

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 Return Receipt Fee (if Required) \$ 2.85  
 Restricted Delivery Fee (if Required) \$  
 Postage & Fees \$ 6.95

**CURTIS J BOSLEY**  
 9770 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4824

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

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1. Article Addressed to:  
 CURTIS J BOSLEY  
 9770 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4824

2. Article Number (Transfer from service label)  
 7004 2510 0003 1367 6924

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☐ Agent  
☐ Addressee

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

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  
☐ 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

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Postage \$ 3.55  
 Certified Fee \$ 3.55  
 Return Receipt Fee (if Required) \$ 2.85  
 Restricted Delivery Fee (if Required) \$  
 Postage & Fees \$ 6.95

**RAYMOND F CHAMBERLAND III**  
 10050 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4802

PS Form 3811, June 2002 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:  
 RAYMOND F CHAMBERLAND III  
 10050 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4802

2. Article Number (Transfer from service label)  
 7004 1160 0002 9209 4957

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☐ Agent  
☐ Addressee

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

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  
☐ 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:

DENNIS J KRUSE  
 9620 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4828

9590 9402 5685 9346 0168 10

2. Article Number (Transfer from service label)

7019 2280 0001 8557 3486

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

## 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:

JOSEPH W KALER  
 9720 TOMAHAWK TRL  
 COLORADO SPRINGS, CO 80908-4824

9590 9402 5685 9346 0168 27

2. Article Number (Transfer from service label)

19 2280 0001 8557 3479

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

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature Dennis Kruse ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) Dennis Kruse C. Date of Delivery 3/16/20  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature Dennis Kruse ☐ Agent ☒ Addressee  
 B. Received by (Printed Name) Dennis Kruse C. Date of Delivery 3/16/20  
 D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

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

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

3.95

Extra Services &amp; Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$2.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

6.95

Sent To DENNIS J KRUSE

Street at 9620 TOMAHAWK TRL

City, State COLORADO SPRINGS, CO 80908-4828

PS Form

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

3.95

Extra Services &amp; Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$2.05  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

6.95

Sent To JOSEPH W KALER

Street at 9720 TOMAHAWK TRL

City, State COLORADO SPRINGS, CO 80908-4824

PS Form



7019 2280 0001 8557 3479

7019 2280 0001 8557 3486



**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:

WILLIAM R LANKFORD  
3845 STETSON CT  
COLORADO SPRINGS, CO 80907-4906



9590 9402 5685 9346 0157 52

2. Article Number (Transfer from service label)

7004 2510 0003 1367 6894

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

**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:

ROBERT F FERREE JR  
10170 TOMAHAWK TRL  
COLORADO SPRINGS, CO 80908-4802



9590 9402 5685 9346 0157 07

2. Article Number (Transfer from service label)

7004 1160 0002 9209 4988

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery  
Wm R Lankford 3-16-20
- 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
- ☐ 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

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☐ Agent ☒ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery  
Robert Ferree 3/16/20
- 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
- ☐ 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

Domestic Return Receipt

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

**OFFICIAL USE**

Postage	\$ .55
Certified Fee	3.55
Return Receipt Fee (Endorsement Required)	2.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.95

Sent To: WILLIAM R LANKFORD  
3845 STETSON CT  
COLORADO SPRINGS, CO 80907-4906  
Street, Apt. No. or PO Box No.  
City, State, ZIP

PS Form 3800, June 2002



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

**OFFICIAL USE**

Postage	\$ .55
Certified Fee	3.55
Return Receipt Fee (Endorsement Required)	2.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.95

Sent To: ROBERT F FERREE JR  
10170 TOMAHAWK TRL  
COLORADO SPRINGS, CO 80908-4802  
Street, Apt. No. or PO Box No.  
City, State, ZIP

PS Form 3800, June 2002

