

7019 1640 0000 5396 7936

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50	0303
\$	\$2.80	06
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<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	\$1.30	
Total Postage and Fees	\$7.60	12/30/2019

Sent To
 BK Squirrel Cr Grand Water Dist
 Street and Apt. No., or PO Box No.
 Attn: Daran P.O.B. 425
 City, State, ZIP+4®
 Calahan CO 80808

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

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

For delivery information, visit our website at www.usps.com®.

COLORADO SPRINGS, CO 80921

Certified Mail Fee	\$3.50	0303
\$	\$2.80	06
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<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	\$1.30	
Total Postage and Fees	\$7.60	12/30/2019

Sent To
 R & M Ventura
 Street and Apt. No., or PO Box No.
 1409 Yellow Tail Dr
 City, State, ZIP+4®
 Colo Spring 80921

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

7019 1640 0000 5396 8179

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50	0303
\$	\$2.80	06
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<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	\$1.30	
Total Postage and Fees	\$7.60	12/30/2019

Sent To
 A Rodriguez & D Loriga
 Street and Apt. No., or PO Box No.
 24820 Meier Rd
 City, State, ZIP+4®
 Calhan CO 80808

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

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50	0303
\$	\$2.80	06
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<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	\$1.30	
Total Postage and Fees	\$7.60	12/30/2019

Sent To
 D Unruh
 Street and Apt. No., or PO Box No.
 25050 Empala Cir
 City, State, ZIP+4®
 Calhan 80808

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

7019 1640 0000 5396 7851

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50	0303
\$	\$2.80	06
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<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	\$1.30	
Total Postage and Fees	\$7.60	12/30/2019

Sent To
 T Rothschild
 Street and Apt. No., or PO Box No.
 25090 Sanborn Rd
 City, State, ZIP+4®
 Calhan 80808

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

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50	0303
\$	\$2.80	06
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<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	\$1.30	
Total Postage and Fees	\$7.60	12/30/2019

Sent To
 R & S Yates
 Street and Apt. No., or PO Box No.
 25170 Sanborn Rd
 City, State, ZIP+4®
 Calhan 80808

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

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

OFFICIAL USE

Certified Mail Fee \$3.50

\$ 2.80

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

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 \$

Postage \$1.30

\$

Total Postage and Fees \$7.60

\$

Sent To *Impala Circle LLC*

Street and Apt. No., or PO Box No.

25020 Impala Circle

City, State, ZIP+4®

Calhan, CO 80808

0303
06

Postmark
Here

DEC 30 2019
12/30/2019

7019 1640 0000 5396 8193

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.

Article Addressed to:
 Michael & Rhonda
 Hoyle
 125250 Sanborn Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2745 39

Article Number (Transfer from service label)
 7019 1640 0000 5396 8698

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Rhonda K Hoyle Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Rhonda Hoyle

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Agent Addressee
 Date of Delivery
 B. Received by (Printed Name) C. Date of Delivery
 Diana Lopez

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

Service Type
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®

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.

Article Addressed to:
 Gregory Taxson
 25010 Sanborn Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2745 15

Article Number (Transfer from service label)
 7019 1640 0000 5396 7868

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

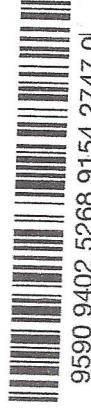
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Lily Taxson 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
 4000 Augusta Rd
 Burlington, IA 52601

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

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:
 Doris Hays
 24975 Sanborn Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2747 0

Article Number (Transfer from service label)
 7019 1640 0000 5396

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

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Benjamin E Makinsey
 Vallejo
 2755 E Ellicott Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2746 83

Article Number (Transfer from service label)

7019 1640 0000 5396 7899

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) *Ethan Wright*
 C. Date of Delivery *11/7/20*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Mail
 - Mail Restricted Delivery

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Jefferson Lopez
 3255 Wiesner Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2746 76

Article Number (Transfer from service label)

7019 1640 0000 5396 7905

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

1. Article Addressed to:
 James E Melissa
 Wright
 3365 Wiesner Rd.
 Calhan, CO 80808

2. Article Number (Transfer from service label)
 7019 1640 0000 5396 7929

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:
 State of Colorado
 Board of Land & Comm
 1313 Sherman St. Suite 620
 Denver, CO 80203



9590 9402 5268 9154 2747 99

2. Article Number (Transfer from service label)
 7019 1640 0000 5396 7943

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____

C. Date of Delivery **1.3.20**

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Agent Addressee
 Date of Delivery
 Received by (Printed Name)

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

3. Service Type
 Priority Mail Express®
 Registered Mail™
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Mail Restricted Delivery

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:
 State of Colorado
 Board of Land & Comm
 1313 Sherman St. Suite 620
 Denver, CO 80203



9590 9402 5268 9154 2747 44

2. Article Number (Transfer from service label)
 7019 1640 0000 5396 8001

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____

C. Date of Delivery **1.3.20**

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

3. Service Type
 Priority Mail Express®
 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
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

- 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:
 Steven & Sheryl Gallegos
 26205 Sanborn Rd
 Lathrop, CO 80808



9590 9402 5268 9154 2747 75

2. Article Number (Transfer from service label)
 7019 1640 0000 5396 7974

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.

Article Addressed to:
 Reynaldo Benavides
 26505 Sanborn Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2747 68

Article Number (Transfer from service label)

7019 1640 0000 5396 7981

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: Yes No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery
 Mail Restricted Delivery (0)

A. Signature Agent Addressee
 X *[Signature]* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 1.3.20

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
 Collect on Delivery Restricted Delivery Mail Restricted Delivery (0)

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.

Article Addressed to:
 Paul King Jr
 26705 Sanborn Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2747 51

Article Number (Transfer from service label)

7019 1640 0000 5396 7998

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: Yes No

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail Signature Confirmation Restricted Delivery
 Mail Restricted Delivery (0)

- 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.

Article Addressed to:
 State of Colorado
 Board of Land Comm
 1313 Sherman St. Suite 620
 Denver, CO 80203



9590 9402 5268 9154 2747 82

Article Number (Transfer from service label)

7019 1640 0000 5396 7967

US 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.

Article Addressed to:
 Schubert Ranches, Inc
 1555 S. Baggett Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2747 37

Article Number (Transfer from service label)
 7019 1640 0000 5396 8018

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *George H. Schubert* Agent Addressee

B. Received by (Printed Name) *George H. Schubert* C. Date of Delivery *NOV 3-17*

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

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 checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" 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"/> Mail Restricted Delivery (50) | |

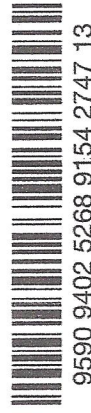
Signature *George H. Schubert*
 B. Received by (Printed Name)
 C. Date of Delivery *NOV 3-17-2011*

- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Priority Mail Restricted Delivery |
| <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Certified Mail® |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Certified Mail Restricted Delivery |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Collect on Delivery Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Mail Restricted Delivery (50) |

- 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:
 George Schubert
 1550 Baggett Rd.
 Calhan, CO 80808

2. Article Number (Transfer from service label)
 7019 1640 0000 5396 8032



9590 9402 5268 9154 2747 13

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.

Article Addressed to:
 Timothy & Emily McKesson
 27955 Handle Rd.
 Calhan, CO 80808



9590 9402 5268 9154 2747 20

Article Number (Transfer from service label)
 7019 1640 0000 5396 8025

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Emily McKesson* Agent Addressee

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

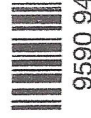
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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 checked="" 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"/> Mail Restricted Delivery (50) | |

Signature *Emily McKesson*
 B. Received by (Printed Name)
 C. Date of Delivery

1. Article Addressed to:
 George Schubert
 1550 Baggett Rd.
 Calhan, CO 80808

2. Article Number (Transfer from service label)
 7019 1640 0000 5396 8032



9590 9402 5268 9154 2747 13

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.

Article Addressed to:
 Schubert Ranches Inc
 1550 Baggett Rd
 Colhan, CO 80808



9590 9402 5268 9154 2748 67

Article Number (Transfer from service label)
 7019 1640 0000 5396 8049

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *George H. Schubert* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 1-10-19

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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	

Mail Restricted Delivery (00)

A. Signature Agent Addressee
George H. Schubert

B. Received by (Printed Name) _____ C. Date of Delivery
 James E. Lobo

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

3. Service Type

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

Mail Restricted Delivery (00)

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.

Article Addressed to:
 MW Panel Tech LLC
 3417 Ranch House Rd
 Weatherford, TX
 76087



9590 9402 5268 9154 2748 50

Article Number (Transfer from service label)
 7019 1640 0000 5396 8056

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Brock May* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 Brock May 1-14-19

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

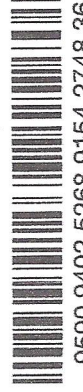
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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	

Mail Restricted Delivery (00)

- 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.

Article Addressed to:
 Mildred Duncan
 P.O. Box 1057
 Ft. Benton, MT
 59412



9590 9402 5268 9154 2748 36

Article Number (Transfer from service label)
 7019 1640 0000 5396 8063

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

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Alex Harris
1375 N. Ellicott Hwy
Calhan, CO 80808



9590 9402 5268 9154 2748 12

Article Number (Transfer from service label)

7019 1640 0000 5396 8087

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alex Harris*

- Agent
- Addressee

B. Received by (Printed Name)

Alex Harris

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Mail Restricted Delivery (0)

Agent Addressee Date of Delivery Received by (Printed Name)

Signature B. Received by (Printed Name) *Alex Harris*

C. Date of Delivery D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below: Yes No



- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery (0)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery (0)

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Donald Eggleston
25130 Impala Cir
Calhan, CO 80808



9590 9402 5268 9154 2748 05

Article Number (Transfer from service label)

7019 1640 0000 5396 8094

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donald Eggleston*

- Agent
- Addressee

B. Received by (Printed Name)

Donald Eggleston

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
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Mail Restricted Delivery (0)

- 1. Complete items 1, 2, and 3.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Edwin D Darice
Bjorkvist
25160 Impala Cir
Calhan, CO 80808

Article Number (Transfer from service label)
7019 1640 0000 5396 8100



9590 9402 5268 9154 2745 53

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.

Article Addressed to:
 Lee Jimmie Meinzer
 25190 Impala Cir
 Calhan, CO 80808



9590 9402 5268 9154 2745 60

1. Article Number (Transfer from service label)

7019 1640 0000 5396

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Lee Meinzer 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 Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted

A. Signature Agent Addressee
 B. Received by (Printed Name) Received
 C. Date of Delivery JAN 06 2020

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
 Certified Mail®
 Certified Mail Restricted Delivery
 Return Receipt for Merchandise
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Signature Confirmation
 Signature Confirmation Restricted Delivery
 Insured Mail
 Mail Restricted Delivery

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.

Article Addressed to:
 Shelby & Kyle Miller
 1245 Dustrude Ln.
 Calhan, CO 80808



9590 9402 5268 9154 2745 77

2. Article Number (Transfer from service label)

7019 1640 0000 5396 8124

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

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Shelby Miller Agent Addressee

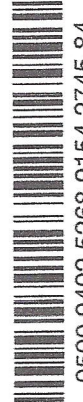
B. Received by (Printed Name) C. Date of Delivery
Shelby Miller 1/11/20

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

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail

- 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.

Article Addressed to:
 State of Colorado
 633 17th st, Suite 1520
 Denver, CO 80202



9590 9402 5268 9154 2745 84

2. Article Number (Transfer from service label)

7019 1640 0000 5396 8131

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.

Article Addressed to:
 State of Colorado
 Backlund Comm
 1313 Sherman St. Suite 621
 Denver, CO 80203



9590 9402 5268 9154 2745 91

Article Number (Transfer from service label)
 7019 1640 0000 5396 8148

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 1.7.20

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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	

Mail Restricted Delivery (00)

1. Article Addressed to:
 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.

2. Article Addressed to:
 Ellicott Metropolitan Dist
 Attn: Marnie Pagan, President
 322 S. Ellicott Highway
 Calhan, CO 80808

3. Service Type

<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Adult Signature Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Certified Mail®
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery



9590 9402 5268 9154 2746 07

Article Number (Transfer from service label)
 7019 1640 0000 5396 8155

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
 JAY HANDLE 7/19/20

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 checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" 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	

Mail Restricted Delivery (00)

1. Article Addressed to:
 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.

2. Article Addressed to:
 Ellicott Metropolitan Dist
 Attn: Marnie Pagan, President
 322 S. Ellicott Highway
 Calhan, CO 80808

3. Service Type

<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Adult Signature Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input checked="" type="checkbox"/> Certified Mail®
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery
<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery



9590 9402 5268 9154 2745 08

Article Number (Transfer from service label)
 7019 1640 0000 5396 7882

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

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

For delivery information, visit our website at www.usps.com®.

MIAMI, FL 33177

Certified Mail Fee	\$3.50
\$	\$2.80
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<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

0303
06

Postmark
Here

Postage \$1.30

Total Postage and Fees \$7.60

DEC 30 2019
12/30/2019

Sent To *N Perez*

Street and Apt. No., or PO Box No.

20521 SW 124 Ct
 City, State, ZIP+4®
Miami, FL 33177

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50
\$	\$2.80
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<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

0303
06

Postmark
Here

Postage \$1.30

Total Postage and Fees \$7.60

DEC 30 2019
12/30/2019

Sent To *V King*

Street and Apt. No., or PO Box No.

3315 Wiesner Rd
 City, State, ZIP+4®
Calhan 80808

7019 1640 0000 5396 8162

7019 1640 0000 5396 7912

25049 E. Alder Dr.
Parker CO 80016

7019 1640 0000 5396 7851

02/80/2098 1 03 808 SIXIN
64500-2226E0N65T0
6452E791008 :CB
UNDELIVERED
RETURNED TO SENDER
UNABLE TO FORWARD

UNITED STATES POSTAL SERVICE®
1000
80808
U.S. POSTAGE PAID
FORM 3811 ENV
PARKER, CO
DEC 30, 19
AMOUNT
\$7.60
R2305M144014-06

1st NOTICE
2nd NOTICE
RETURNED
1/4
REQUESTED

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:

Todd Rathsch, ID
25090 Sanborn Rd.
Calhan, CO 80808



9590 9402 5268 9154 2745 22

2. Article Number (Transfer from service label)

7019 1640 0000 5396

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Signature
 Agent
- B. Received by (Printed Name) Addressee
- 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®
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery

Domestic Return Receipt

25049 E. Alder Dr.
Aurora Co 80016

RECEIPT
REQUESTED



7019 1640 0000 5395 8193

1st NOTICE
2nd NOTICE
RETURNED

U.S. POSTAGE PAID
 FCM LG ENV
 PARKER, CO
 80134
 DEC 30, 19
 AMOUNT
\$7.60
 R2305M144014-06



1000



80806

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:

Impala Circle, LLC
85020 Impala Cir,
Calhan, CO 80808



9590 9402 5268 9154 2746

2. Article Number (Transfer from service label)

7019 1640 0000 5395 8193

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X
- B. Received by (Printed Name) Agent
 Addressee
- C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

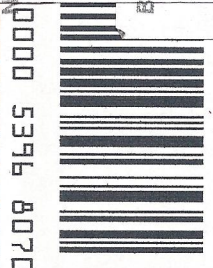
3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted

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

Domestic Return Receipt

CERTIFIED MAIL

02/80/2098 1 02 808 SIXTY
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
EC: 80808 64573791008 :CB
543302222-00345



RETURN RECEIPT
REQUESTED

1st NOTICE
2nd NOTICE
RETURNED
1/3
1/17/20

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:

Danny Unruh
25050 Impala Cir
Calhan, CO 80808



9590 9402 5268 9154 27AR 2Q

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature X Agent
- B. Received by (Printed Name) Addressee
- 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
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for



1000



80808

U.S. POSTAGE PAID
FORM 3849
PARKER, CO
DEC 30, 19
AMOUNT
\$7.60
R2305M144014-06

CERTIFIED MAIL



7019 1640 0000 5396 8179

RPM One
25049 E Alder Dr

808 C2 1
RETURN TO SENDER
UNCL TO FORWARD
0159N039222-00341
645737549
8016737549 :CB
IXIE

02/08/2009

RETURN RECEIPT
REQUESTED

1-2-20
1-2-20

1st NOTICE
2nd NOTICE
RETURNED



80808



1000

U.S. POSTAGE PAID
FCM LG ENV
PARKER, CO
80134
DEC 30, 19
AMOUNT
\$7.60
R2305M144014-06

112

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:
 Ariesky Rodriguez
 De Andres Yorniel Ariel
 Loriga
 24820 Meier Rd.
 Colhan, CO 80808



9590 9402 5268 9154 2746 90

2. Article Number (Transfer from service label)

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®
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery

7019 1640 0000 5396 8179

25049 E. Alder Dr.
Aventura Co 33516

RETURN RECEIPT
REQUESTED

7019 1640 0000 5396 8162

Dot
1/2/20 WR

place !!

R-T-S
331775317-1N
01/24/20
RETURN TO SENDER
POSTAGE AND
FEES PAID
NOT NECESSARY
IF RETURN TO SENDER

Back of the mailpiece,
or on the front if space permits.

1. Article Addressed to:
Verida Perez
20521 SW 124 Ct,
Miami, FL 33177

9590 9402 5268 9154 27

2. Article Number (Transfer from service label)
7019 1640 0000 5391

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

THIS SECTION ON DELIVERY

B. Received by (Printed Name) Agent
 Addressee
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®
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted

U.S. POSTAGE PAID
EAGLE ENVIRONMENTAL
PAPER, CO
80134
DEC 30, 19
AWCUNT
\$7.60
R2305M144014-06
1000
33177

Domestic Return Receipt

25-049 E. Alder Dr.
Aurora Co 80814

7019 1640 0000 5396 7912



RETURN RECEIPT
REQUESTED

NIXIE 808 CC 1 8601/03/20
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 80016737549 0159N003212-00259

UNITED STATES POSTAL SERVICE®
1000
80808
U.S. POSTAGE PAID
F01 LG ENV
PARKER, CO
80134
DEC 30, '19
AMOUNT
\$7.60
R2305M144014-06

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:
Vanessa King
3315 Wiesner Rd
Calhan, CO 80808



9590 9402 5268 9154 2746 69

Article Number Transfer from service label
7019 1640 0000 5396 7912

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Signature
 Agent
 Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____

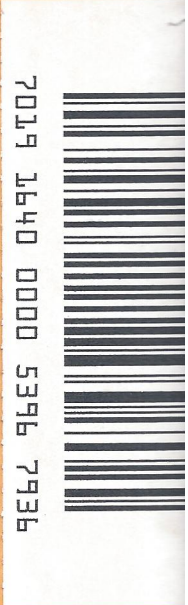
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt™
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

25049 E. Alder Dr.
Aurora Co 80016



RETURN RECEIPT
REQUESTED

Not
1-2-20

U.S. POSTAGE PAID
 FCM LG ENV
 PARKER, CO
 80134
 DEC 30, '19
 AMOUNT
\$7.60
 R2305M144014-06



1000



80921

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:

Ricardo Martha
Ventura
1409 Yellow Tail Dr.
Colorado Springs, CO
80921



9590 9402 5268 9154 2746 45

2. Article Number (Transfer from service label)

7019 1640 0000 5396 7936

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

NIXIE 808 CO 1 8602/05/20

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 80016737549 0159N036204-02849



Postnet Return Receipt

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

For delivery information, visit our website at www.usps.com®.

MIAMI, FL 33177

Certified Mail Fee	\$3.50
\$	\$2.80
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<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

0303
06

Postmark
Here

Postage \$1.30

Total Postage and Fees \$7.60

DEC 30 2019
12/30/2019

Sent To N Perez
Street and Apt. No., or PO Box No.

20521 SW 124 Ct
City, State, ZIP+4®
Miami, FL 33177

PS Form 3800, April 2015 PSN 7530-02-000-8047

See Reverse for Instructions

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

For delivery information, visit our website at www.usps.com®.

CALHAN, CO 80808

Certified Mail Fee	\$3.50
\$	\$2.80
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<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

0303
06

Postmark
Here

Postage \$1.30

Total Postage and Fees \$7.60

DEC 30 2019
12/30/2019

Sent To V King
Street and Apt. No., or PO Box No.

3315 Wiesner Rd
City, State, ZIP+4®
Calhan 80808

7019 1640 0000 5396 8162

7019 1640 0000 5396 7912