



7008 0500 0000 5594 5932  
7008 0500 0000 5594 5932

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

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

**OFFICIAL USE**

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage

Sent To  
 Street, Apt. No. or PO Box No.  
 City, State, Zip

United States Attorney General  
 Room 5111, Main Justice Bldg  
 10<sup>th</sup> and Constitution N.W.  
 Washington, D.C. 20530

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Attorney General  
 Room 5111, Main Justice Bldg  
 10<sup>th</sup> and Constitution N.W.  
 Washington, D.C. 20530

**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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7008 0500 0000 5594 5932

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS LABEL AND THIS LINE  
**CERTIFIED MAIL™**



7008 0500 0000 5594 5949  
 7008 0500 0000 5594 5949

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

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

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & f		

Postmark: Here

Sent To: **J.S. Small Business Administration**  
**Ralph K. Andrews**  
 Director of Disaster Loan Program  
 Street, Apt. No., or PO Box No. **721 19<sup>th</sup> St., Ste 426**  
 City, State, ZIP+4 **Denver, CO 80202**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

U.S. Small Business Administration  
 Ralph K. Andrews  
 Director of Disaster Loan Program  
 721 19<sup>th</sup> St., Ste 426  
 Denver, CO 80202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X**  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  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7008 0500 0000 5594 5949**  
 (Transfer from service label)