

7008 1830 0000 5315 4874

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

CERTIFIED MAIL™



7008 1830 0000 5315 4874

7008 1830 0000 5315 4874

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 & Fees	\$	
Sent To		09-CV-01267-BNB David Michaud Colorado Mental Health Institute 1600 W. 24 th St., Bldg. 54 Pueblo, CO 81003
Street, Apt. No. or PO Box No.		
City, State, Zip		
PS Form 3800		