

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Agent
 Addressee

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

C. Date of Delivery
[Signature]

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

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:
 Civil Process Clerk
 U.S. Attorney General for Colorado
 1225 17th Street, #700
 Denver, CO 80202

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Art
 (Tr) 7005 1820 0008 1952 5289
 PS Form 3811, February 2004 Domestic Return Receipt
 102595-02-M-1540