

USPS TRACKING#



9590 9402 4352 8190 5717 71

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

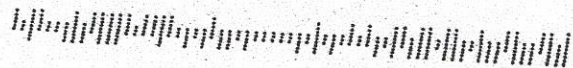
United States  
Postal Service

RECEIVED  
FEB 26 2019  
COGCC

• Sender: Please print your name, address, and ZIP+4® in this box•

State of Colorado – COGCC  
Attn: Kira Gillette  
1120 Lincoln Street, Suite 801  
Denver, CO 80203-2136

2019.02 Loeb venting NOAVs  
401939604, 401939607, & 401939608



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:

Loeb LLC\* Herman L  
Attn: Diane Lebovitz or Edward Loeb  
P O Box 838  
Lawrenceville, IL 62439



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2. Article Number (Transfer from service label)

7018 1130 0001 8444 5692

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

*2-20-19*

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 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 Restricted Delivery        |   |

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

Domestic Return Receipt