

**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.

**DEVORE HEAVY DUTY TOWING, LLC**  
PO BOX 187  
KERSEY, CO 80644-0187

9590 9402 4710 8323 5194 10

4 0510 0000 6594 5357

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

**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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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 (over \$500)	

Domestic Return Receipt

**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)

Kersey, CO 80644

**OFFICIAL USE**

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14

Postmark Here

OCT 19 2020

10/19/2020

Sent To Devore Towing

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**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.

**ANDREW JOHN SHAW**  
26560 COUNTY ROAD 46  
KERSEY, CO 80644-9034

9590 9402 4710 8323 5194 65

7014 0510 0000 6594 5845

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

**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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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 (over \$500)	

Domestic Return Receipt

**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)

Kersey, CO 80644

**OFFICIAL USE**

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14

Postmark Here

OCT 19 2020

10/19/2020

Sent To Shaw

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**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.

**ARTHUR R & JUDY JO MOELLER**  
21944 COUNTY ROAD 53  
KERSEY, CO 80644-9012

9590 9402 4710 8323 5194 58

7014 0510 0000 6594 5852

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

**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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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 (over \$500)	

Domestic Return Receipt

**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)

Kersey, CO 80644

**OFFICIAL USE**

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14

Postmark Here

OCT 19 2020

10/19/2020

Sent To Moeller

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

**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.

**DEAN A & SARAH A DEGROOT**  
25416 COUNTY ROAD 46  
KERSEY, CO 80644-9036

9590 9402 4710 8323 5194 41

7014 0510 0000 6594 5869

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

**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

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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 (over \$500)	

Domestic Return Receipt

**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)

Kersey, CO 80644

**OFFICIAL USE**

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14

Postmark Here

OCT 19 2020

10/19/2020

Sent To Degroot - Dean & Sarah

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



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.

**DELMER L & IRIS ANN DAVISSON**  
1425 SYMPHONY HTS  
MONUMENT, CO 80132-8966

9590 9402 4710 8323 5194 34

7014 0510 0000 6594 5876

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

Domestic Return Receipt

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 ☐ No

3. Service Type

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

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

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

Monument, CO 80132

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

10/19/2020

Sent To **DAVISSON**  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

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.

**DENISE LYNN BILLINGS BARTON & BRIAN SCOTT BARTON**  
27495 COUNTY ROAD 46  
KERSEY, CO 80644-9031

9590 9402 4710 8323 5194 27

7014 0510 0000 6594 5883

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

Domestic Return Receipt

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 ☐ No

3. Service Type

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

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

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

Kersey, CO 80644

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

10/19/2020

Sent To **BARTON, Denise & Brian**  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

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.

**ELAINE C BRASWELL**  
PO BOX 3  
KERSEY, CO 80644-0003

9590 9402 4710 8323 5193 97

7014 0150 0002 1044 5291

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

Domestic Return Receipt

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 ☐ No

3. Service Type

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

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

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

Kersey, CO 80644

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

10/19/2020

Sent To **BRASWELL**  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006

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.

**ELOIS L OSTER**  
22243 COUNTY ROAD 53  
KERSEY, CO 80644-9009

9590 9402 4710 8323 5193 80

7014 0150 0002 1044 5307

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

Domestic Return Receipt

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 ☐ No

3. Service Type

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

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

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

Kersey, CO 80644

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

10/19/2020

Sent To **OSTER**  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, August 2006



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.

HAMPTON & KAY CORNELIUS  
22453 COUNTY ROAD 53  
KERSEY, CO 80644-9009

9590 9402 4710 8323 5193 73

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5314

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [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  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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

Kersey, CO 80644

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14  
Postmark Here  
10/19/2020

Sent To  
Cornelius  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

HIGH SIERRA WATER SERVICES LLC  
C/O K.E. ANDREWS & COMPANY  
1900 DALROCK RD  
ROWLETT, TX 75088-5526

9590 9402 4710 8323 5193 66

2. Article Number (Transfer from service label)  
014 0150 0002 1044 5321

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X.E. Andrews & Company  
☐ 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  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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

Rowlett, TX 75088

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14  
Postmark Here  
10/19/2020

Sent To  
High Sierra  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

JAROD E & NICOLE K LEY  
22150 COUNTY ROAD 53  
KERSEY, CO 80644-9010

9590 9402 4710 8323 5193 59

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5338

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [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  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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

Kersey, CO 80644

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14  
Postmark Here  
10/19/2020

Sent To  
Ley  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

JENNIFER & ROBBY ADAMS  
PO BOX 663  
KERSEY, CO 80644-0663

9590 9402 4710 8323 5188 19

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5345

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [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  
☐ Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt

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

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

Kersey, CO 80644

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

0161 14  
Postmark Here  
10/19/2020

Sent To  
Adams  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions



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.

JOHN AND INGRID HAMAR FAMILY LIMITED PARTNERSHIP  
4597 AVENUE 272  
VISALIA, CA 93277-9415

9590 9402 4710 8323 5187 96

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5369

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Hamar

C. Date of Delivery  
10/24/20

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 ☐ Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

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

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

Visalia, CA 93277

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

Postmark Here  
OCT 19 2020  
10/19/2020

Sent To Hamar Family Limited  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

JOLO FARM LLC  
5333 UTE CIR  
GREELEY, CO 80634-9302

9590 9402 4710 8323 5187 72

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5383

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Jolo

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 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 (over \$500)

Domestic Return Receipt

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

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

Greeley, CO 80634

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

Postmark Here  
OCT 19 2020  
10/19/2020

Sent To Jolo  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

MARCY L & DAVID K GRUBER  
6002 COUNTY ROAD 24  
WALDEN, CO 80430-8068

9590 9402 4710 8323 5187 65

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5390

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Marcy Gruber

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 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 (over \$500)

Domestic Return Receipt

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

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

Coalmont, CO 80430

0161 14

Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

Postmark Here  
OCT 19 2020  
10/19/2020

Sent To Gruber  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

PAMELA S & ROBERT J KOELZER  
25 ASH AVE  
EATON, CO 80615-3580

9590 9402 4710 8323 5187 58

2. Article Number (Transfer from service label)  
7014 0150 0002 1044 5406

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
Pam Koelzer

C. Date of Delivery  
10/20/20

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 ☐ Signature Confirmation Restricted Delivery (over \$500)

Domestic Return Receipt

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

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

Eaton, CO 80615

0161 14


Postage \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.95

Postmark Here  
OCT 19 2020  
10/19/2020


Sent To Koelzer  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
CIB

PS Form 3800, August 2006 See Reverse for Instructions




<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
RANDAL L ENGLAND 25165 COUNTY ROAD 46 KERSEY, CO 80644-9035		B. Received by (Printed Name) <i>Randy England</i> C. Date of Delivery	
 9590 9402 4710 8323 5187 41		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7014 0150 0002 1044 5413		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 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"/> Signature Confirmation Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	


<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Kersey, CO 80644	
<b>OFFICIAL USE</b>	
Postage \$3.55	0161 14
Certified Fee \$2.85	Postmark Here
Return Receipt Fee (Endorsement Required) \$0.00	
Restricted Delivery Fee (Endorsement Required) \$0.00	
Total Postage & Fees \$6.95	10/19/2020
Sent To <i>England</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
REGINIA LYNN JOHNSON-ALTER 26655 COUNTY ROAD 46 KERSEY, CO 80644-9033		B. Received by (Printed Name) <i>Reginia Alter</i> C. Date of Delivery <i>10/24/20</i>	
 9590 9402 4710 8323 5187 34		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7014 0150 0002 1044 5420		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 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"/> Signature Confirmation Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Kersey, CO 80644	
<b>OFFICIAL USE</b>	
Postage \$3.55	0161 14
Certified Fee \$2.85	Postmark Here
Return Receipt Fee (Endorsement Required) \$0.00	
Restricted Delivery Fee (Endorsement Required) \$0.00	
Total Postage & Fees \$6.95	10/19/2020
Sent To <i>Johnson - Alter</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
REINICK, TANIA, MASON & ROYCE A REINICK 11049 COUNTY ROAD 40 PLATTEVILLE, CO 80651-9225		B. Received by (Printed Name) <i>Tania Reinick</i> C. Date of Delivery <i>10/23</i>	
 9590 9402 4710 8323 5187 27		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7014 0150 0002 1047 3270		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 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"/> Signature Confirmation Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Platteville, CO 80651	
<b>OFFICIAL USE</b>	
Postage \$3.55	0161 14
Certified Fee \$2.85	Postmark Here
Return Receipt Fee (Endorsement Required) \$0.00	
Restricted Delivery Fee (Endorsement Required) \$0.00	
Total Postage & Fees \$6.95	10/19/2020
Sent To <i>Reinick</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
RIKKI & SAGE CARTER 21836 COUNTY ROAD 53 KERSEY, CO 80644-9012		B. Received by (Printed Name) C. Date of Delivery	
 9590 9402 4710 8323 5187 10		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7014 0150 0002 1047 3294		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 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"/> Signature Confirmation Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Kersey, CO 80644	
<b>OFFICIAL USE</b>	
Postage \$3.55	0161 14
Certified Fee \$2.85	Postmark Here
Return Receipt Fee (Endorsement Required) \$0.00	
Restricted Delivery Fee (Endorsement Required) \$0.00	
Total Postage & Fees \$6.95	10/19/2020
Sent To <i>Carter</i>	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	



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.

ROBERT B. DEVOE

PO BOX 299

KERSEY, CO 80644-0299

9590 9402 4710 8323 5187 03

2. Article Number (Transfer from service label)

7014 0150 0002 1047 3300

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addresssee

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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)

Kersey, CO 80644

OFFICIAL USE

Postage \$3.55

Certified Fee \$2.85

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.95

0161

14

Postmark Here

OCT 19 2020

10/19/2020

Sent To

Devoe

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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.

RONALD E. ELLIOTT

22595 COUNTY ROAD 53

KERSEY, CO 80644-9009

9590 9402 4710 8323 5190 38

2. Article Number (Transfer from service label)

7014 0150 0002 1047 3317

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addresssee

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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)

Kersey, CO 80644

OFFICIAL USE

Postage \$3.55

Certified Fee \$2.85

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.95

0161

14

Postmark Here

OCT 19 2020

10/19/2020

Sent To

Elliot

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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.

RONALD PARKER

22201 COUNTY ROAD 53

KERSEY, CO 80644-9009

9590 9402 4710 8323 5190 45

2. Article Number (Transfer from service label)

7014 0150 0002 1047 3324

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addresssee

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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)

Kersey, CO 80644

OFFICIAL USE

Postage \$3.55

Certified Fee \$2.85

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.95

0161

14

Postmark Here

OCT 19 2020

10/19/2020

Sent To

Parker

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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.

SCHWINDT FARM LLC

3306 LUPTON AVE

EVANS, CO 80620-1315

9590 9402 2615 6336 1221 24

2. Article Number (Transfer from service label)

7014 0150 0002 1047 3348

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addresssee

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

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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)

Evans, CO 80620

OFFICIAL USE

Postage \$3.55

Certified Fee \$2.85

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$6.95

0161

14

Postmark Here

OCT 19 2020

10/19/2020

Sent To

Schwandt Farm

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

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



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.

**TAMMY L. CAMPBELL**  
**21641 COUNTY ROAD 53**  
**KERSEY, CO 80644-9038**

9590 9402 2615 6336 1221 17

2. Article Number (Transfer from service label)  
7014 0150 0002 1047 3355

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Tammy Campbell* ☐ 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 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 ☐ Insured Mail Restricted Delivery over \$500

Domestic Return Receipt

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 \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.40

Postmark Here OCT 19 2020

Sent To *Campbell*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4 CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

**THEA M HORA**  
**PO BOX 121**  
**KERSEY, CO 80644-0121**

9590 9402 2615 6336 1221 00

2. Article Number (Transfer from service label)  
7014 0150 0002 1047 3362

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Thea Hora* ☐ 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 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 ☐ Insured Mail Restricted Delivery over \$500

Domestic Return Receipt

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 \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.40

Postmark Here OCT 19 2020

Sent To *Hora*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4 CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

**TRAY & COURTNEY ENGELMAN**  
**22378 COUNTY ROAD 53**  
**KERSEY, CO 80644-9046**

9590 9402 2615 6336 1220 94

2. Article Number (Transfer from service label)  
7014 0150 0002 1047 3379

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Courtney Engelman* ☐ 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 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 ☐ Insured Mail Restricted Delivery over \$500

Domestic Return Receipt

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 \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.40

Postmark Here OCT 19 2020

Sent To *Engelman*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4 CIB

PS Form 3800, August 2006 See Reverse for Instructions

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.

**WELD COUNTY**  
**1150 O ST**  
**GREELEY, CO 80631-9596**

9590 9402 2615 6336 1216 46

2. Article Number (Transfer from service label)  
7014 0150 0002 1047 3393

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Corey McGee* ☐ 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 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 ☐ Insured Mail Restricted Delivery over \$500

Domestic Return Receipt

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 \$3.55  
Certified Fee \$2.85  
Return Receipt Fee (Endorsement Required) \$0.00  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$6.40

Postmark Here OCT 19 2020

Sent To *Weld County*  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4 CIB

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NE C19</i> C. Date of Delivery <i>10-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>NGL WATER SOLUTIONS DJ LLC</b> <b>3733 E CHERRY CREEK NORTH DRIVE, STE 1000</b> <b>DENVER, CO 80209-3801</b></p> <p>9590 9402 4710 8323 5195 88</p>		<p>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 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"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
2. Article Number (Transfer from service label) <b>7019 0700 0000 7009 9584</b>		Domestic Return Receipt	
PS 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 <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Denver, CO 80209	
Certified Mail Fee \$3.55	0161 14
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<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 \$0.55	10/19/2020
Total Postage and Fees \$6.95	
Sent To <i>NGL</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® <i>C1B</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Moberly</i> C. Date of Delivery <i>10/21/20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>NOBLE ENERGY, INC</b> <b>1625 BROADWAY #2200</b> <b>DENVER, CO 80202-4725</b></p> <p>9590 9402 4710 8323 5194 89</p>		<p>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 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"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
2. Article Number (Transfer from service label) <b>7019 2280 0002 3101 5564</b>		Domestic Return Receipt	
PS 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 <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Denver, CO 80202	
Certified Mail Fee \$3.55	0161 14
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<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 \$0.55	10/19/2020
Total Postage and Fees \$6.95	
Sent To <i>Noble Energy</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® <i>C1B</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Moberly</i> C. Date of Delivery <i>10/21/20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>NOBLE ENERGY WYCO, LLC</b> <b>1625 BROADWAY #2200</b> <b>DENVER, CO 80202-4725</b></p> <p>9590 9402 4710 8323 5194 96</p>		<p>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 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"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
2. Article Number (Transfer from service label) <b>7019 2280 0002 3101 5571</b>		Domestic Return Receipt	
PS 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 <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Denver, CO 80202	
Certified Mail Fee \$3.55	0161 14
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<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 \$0.55	10/19/2020
Total Postage and Fees \$6.95	
Sent To <i>Noble Energy WyCo</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® <i>C1B</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>K. King</i> C. Date of Delivery <i>10/22/20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>PDC ENERGY, INC</b> <b>1775 N SHERMAN ST, STE. 3000</b> <b>DENVER, CO 80203-4341</b></p> <p>9590 9402 4710 8323 5195 71</p>		<p>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 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"/> Signature Confirmation Restricted Delivery (over \$500)</p>	
2. Article Number (Transfer from service label) <b>7019 2280 0002 3101 5656</b>		Domestic Return Receipt	
PS 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 <a href="http://www.usps.com">www.usps.com</a> ®.	
OFFICIAL USE	
Denver, CO 80203	
Certified Mail Fee \$3.55	0161 14
Extra Services & Fees (check box, add fee as appropriate)	Postmark Here
<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 \$0.55	10/19/2020
Total Postage and Fees \$6.95	
Sent To <i>PDC</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® <i>C1B</i>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	




<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <p><b>DAN MITCHELL D/B/A COMANCHE DRILLING</b></p> <p><b>PO BOX 636</b></p> <p><b>CUTBANK, MT 59427-0636</b></p> </div> <div style="text-align: center;">  <p>9590 9402 4710 8323 5195 57</p> </div> <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; font-weight: bold;">7019 2280 0002 3101 5632</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>[Signature]</i></p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>B. Received by (Printed Name)</p> <p><i>ELAINA L. MITCHELL</i></p> </td> <td style="width: 50%; padding: 5px;"> <p>C. Date of Delivery</p> <p><i>10-23</i></p> </td> </tr> </table> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p style="margin-left: 40px;">If YES, enter delivery address below:</p>	<p>B. Received by (Printed Name)</p> <p><i>ELAINA L. MITCHELL</i></p>	<p>C. Date of Delivery</p> <p><i>10-23</i></p>
<p>B. Received by (Printed Name)</p> <p><i>ELAINA L. MITCHELL</i></p>	<p>C. Date of Delivery</p> <p><i>10-23</i></p>		
<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>		

<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. Cut Along Here	
<div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">OFFICIAL USE</div>	
Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fees as appropriate)	\$2.85
<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	\$0.55
Total Postage and Fees	\$6.95
Sent To	Mitchell / Comanche
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. <b>VERN JOHNSON FARMS, LLC</b> <b>20788 COUNTY ROAD 55</b> <b>KERSEY, CO 80644-9110</b>	B. Received by (Printed Name) C. Date of Delivery
 9590 9402 2615 6336 1216 53	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <b>7014 0150 0002 1047 3386</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery over \$500
PS Form 3811, July 2015 PSN 7530-02-000-9053	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

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 \$ **\$3.55**  
Certified Fee **\$2.85**  
Return Receipt Fee (Endorsement Required) **\$0.00**  
Restricted Delivery Fee (Endorsement Required) **\$0.00**  
Total Postage & Fees **\$6.40**

Postmark Here  
**OCT 19 2020**

Sent To **Johnson farms LLC**  
Street, Apt. No., or PO Box No.  
City, State, ZIP+4  
**CIB**

PS Form 3800, August 2006 See Reverse for Instructions.

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. <b>ONCKEN FAMILY PARTNERSHIP</b> <b>1400 VALLEY WIND LN</b> <b>MISSOULA, MT 59804-9742</b>	B. Received by (Printed Name) C. Date of Delivery
 9590 9402 4710 8323 5195 02	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <b>7019 2280 0002 3101 5588</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery over \$500
PS Form 3811, July 2015 PSN 7530-02-000-9053	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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

**OFFICIAL USE**

Certified Mail Fee **\$3.55**  
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 **\$0.00**  
Postage **\$0.55**  
Total Postage and Fees **\$6.95**


Postmark Here  
**OCT 19 2020**

Sent To **Oncken Fam Ptshp**  
Street and Apt. No., or PO Box No.  
City, State, ZIP+4  
**CIB**

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



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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<b>BROWN &amp; STANWOOD</b> <b>8505 MONROE RD</b> <b>HOUSTON, TX 77061-4816</b>	B. Received by (Printed Name) C. Date of Delivery
 9590 9402 4710 8323 5195 26	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <b>7019 2280 0002 3101 5601</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 **CIB** Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Houston, TX 77061

**OFFICIAL USE**

7019 2280 0002 3101 5601


Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<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	\$0.55
Total Postage and Fees	\$6.95

Postmark Here  
19 2020  
10/19/2020

Sent To **Brown & Stanwood**  
Street and Apt. No., or PO Box No.  
City, State, ZIP+4®

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

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<b>PETRO-CANADA RESOURCES (USA), INC</b> <b>1099 18TH ST STE 400</b> <b>DENVER, CO 80202-1908</b>	B. Received by (Printed Name) C. Date of Delivery
 9590 9402 4710 8323 5195 64	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <b>7019 2280 0002 3101 5649</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 **CIB** Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
Denver, CO 80202

**OFFICIAL USE**

7019 2280 0002 3101 5649

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<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	\$0.55
Total Postage and Fees	\$6.95

Postmark Here  
OCT 19 2020  
10/19/2020

Sent To **Petro-Canada**  
Street and Apt. No., or PO Box No.  
City, State, ZIP+4®

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