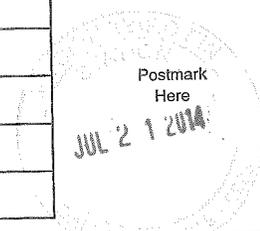


PROOF OF DELIVERY

Pastelak 01N-64W-02 Pad Buffer Zone Notification
(COGCC Rule 305.a)

7013 1090 0002 0808 3754

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <small>(Domestic Mail Only; No Insurance Coverage Provided)</small>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 48
Certified Fee	3.30
Return Receipt Fee <small>(Endorsement Required)</small>	2.70
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Postage & Fees	\$ 6.48

Postmark Here


Sent To	Kenneth Lynda Madsen
Street, Apt. No.; or PO Box No.	P.O. box 359
City, State, ZIP+4	Hudson, CO 80642

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Kenneth Lynda Madsen</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>Kenneth Lynda Madsen</p> <p>C. Date of Delivery</p> <p>7/25/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kenneth & Lynda Madsen P.O. Box 359 Hudson, CO 80642</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: center;">7013 1090 0002 0808 3754</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>