



02142654

| 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Soc Herrera 12/23/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> | |
| 1. Article Addressed to: A.M. O'HARE MARALEX RESOURCES, INC. P.O. Box 338 IGALCO, CO 81137 | | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery | |
| 2. Article Number (Transfer from service label) | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| | | 7014 0510 0002 0093 8923 | |
| PS Form 3811, July 2013 | | Domestic Return Receipt | |

UNITED STATES POSTAL SERVICE



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

Location ID: 311960

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

ALEX FISCHER
COGCC
1120 LINCOLN ST.
STE 801
DENVER, CO
80433

RECEIVED

DEC 26 2014

COGCC

NOV 11 2014 12:50 PM

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