

7014 0510 0002 0093 3775

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CERTIFIED MAIL™ RECEIPT	
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OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>John Teff, CM Production LLC</u>	
Street, Apt. No., or PO Box No. <u>390 Union Blvd, Ste 620</u>	
City, State, ZIP+4 <u>Lakewood, CO 80228</u>	
PS Form 3811, August 2013 See Reverse for Instructions	

REM 8179 & 8209
Received 6/25/2015
Document 2314932

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"/> <u>Adam Gallegos</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Adam Gallegos</u> C. Date of Delivery <u>6/22/15</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><u>John Teff</u> <u>CM Production LLC</u> <u>390 Union Blvd, Ste 620</u> <u>Lakewood, CO</u> <u>80228</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label) <u>7014 0510 0002 0093 3775</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>			