



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. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Capitol Corporate Services, Inc. ATTN: Chris Corton CO: Corton Capital Corp. 36 South 18th Ave., Suite D Brighton, CO 80601		B. Received by (Printed Name) Chris Corton C. Date of Delivery JUL 30 2015	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail® <input 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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

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CO 602 30 JUL '15 PM 3 L			
• Sender: Please print your name, address, and ZIP+4® in this box• State of Colorado - COGCC ATTN: Andrew Stone 1120 Lincoln Street, Suite 801 Denver, CO 80203-2136		RECEIVED AUG 03 2015 COGCC	
