



02193253

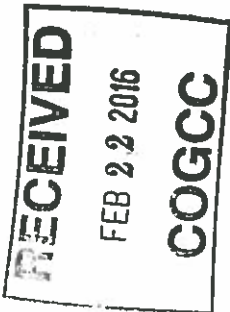
USPS TRACKING#



9590 9403 1005 5271 8021 47

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

United States  
Postal Service



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

State of Colorado – COGCC  
Attn: Steven Mah  
1120 Lincoln Street, Suite 801  
Denver, CO 80203-2136

WL 2193204



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.

1. Article Addressed to:

WOODARD\* SANDRA K  
ATTN: SANDRA WOODARD  
153 SUNDANCE DR  
GRAND JUNCTION, CO 81503



9590 9403 1005 5271 8021 47

2. Article Number (Transfer from service label)

7015 1520 0001 8027 7145

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sandra Woodard* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Sandra Woodard

C. Date of Delivery

2-16-16

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 checked="" 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 |

Restricted Delivery