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U.S. Postal Service<sup>TM</sup>

**CERTIFIED MAIL<sup>TM</sup> RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

7011 3500 0000 8456 0576

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

Postmark  
Here

Sent To

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

ALLISON\* WAYNE N  
ATTN: LEOLA ALLISON  
423 E GUNNISON  
GUNNISON, CO 81230

PS Form 3800, August 2006

See reverse for instructions

WL# 2193083  
Mailed: 12/15/2015