



01655533

UNITED STATES POSTAL SERVICE

CO 802

04 FEB '16

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

FM 4 L

• 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

RECEIVED

FEB 08 2016

COGCC

WL 219316Z



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: <div style="border: 1px solid black; padding: 5px; text-align: center;"> HRM RESOURCES II LLC ATTN: ROGER L HUTSON 410 17TH STREET #1100 DENVER, CO 80202 </div>		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7015 1520 0001 8027 2621	

Domestic Return Receipt