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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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature X <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<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>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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</p>
<p>PS Form 3811, July 2013</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center; font-size: 1.2em;">7015 1520 0001 8027 2621</p> <p style="text-align: center;">Domestic Return Receipt</p>