

USPS TRACKING#



9590 9402 2948 7094 9083 14



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

United States  
Postal Service

RECEIVED  
OCT 02 2017  
COGCC

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

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

NOAN 401411490, 2017-1102



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. Weyerman\* Ralph & Beverly  
Attn: Ralph Weyerman  
Po Box 36  
Idalia, CO 80735



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2. Article number (from mailpiece label)  
7017 1450 0000 8456 3061

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
☒ *Beverly Weyerman* ☐ Agent  
☒ Addressee  
B. Received by (Printed Name) *Beverly Weyerman* C. Date of Delivery *9/27/17*  
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 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 |