

USPS TRACKING#



9590 9402 3781 8032 3201 62



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

United States
Postal Service

RECEIVED
OCT 19 2018
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

2018.Oct. NOAV-MIT_ENER- 10490 #401781563



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.

ENERGY QUEST II LLC
Attn: JEFF YOESSEL
4526 Research Forest Dr #200
The Woodlands, TX 77381



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2. Article Number (Transfer from service label)

7018 0360 0000 6523 1095

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Morrow*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

M. Morrow

C. Date of Delivery

10/9/18

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 |
| <input type="checkbox"/> Insured Mail Restricted Delivery | |

(over \$500)