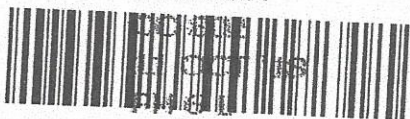


USPS TRACKING #



9590 9402 3781 8032 3205 75



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

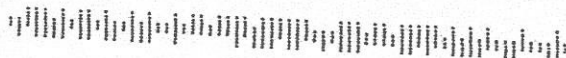
United States
Postal Service

RECEIVED
OCT 16 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_THOM- 81480 #401781687



SENDER: COMPLETE THIS SECTION

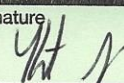
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

THOMAS L SPRING LLC
Attn: THOMAS SPRING
7400 E Orchard Rd Ste 106-S
Greenwood Village, CO 80111



9590 9402 3781 8032 3205 75

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent
☐ Addressee

B. Received by (Printed Name) Kate Spring C. Date of Delivery 10/10/18

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"/> Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

7018 0360 0000 6523 1248

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt