

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>JIM BATES</b>  <b>P.O. BOX 796</b>  <b>BRIGHTON, CO 80601</b></p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <b>10/11/22</b></p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7021 1970 0002 0152 5240</b></p>		<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>3. Service Type</p> <p><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"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>9590 9402 7681 2122 5600 31</p>			
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p>	
<p><b>OFFICIAL USE</b></p>	
<p>Certified Mail Fee \$ _____</p> <p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage \$ _____</p> <p>Total Postage and Fees \$ _____</p>	<p>Postmark Here</p>
<p>Sent To <b>JIM BATES</b></p> <p>Street and Apt. No., or PO Box No. <b>P.O. BOX 796</b></p> <p>City, State, ZIP+4® <b>BRIGHTON CO 80601</b></p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

USPS TRACKING#



DENVER CO 802

11 OCT 2022 PM 3 L



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

9590 9402 7681 2122 5600 31

United States  
Postal Service

RECEIVED  
OCT 14 2022  
COGCC

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

COGCC

1126 LINCOLN ST., STE 801

DENVER, CO 80203

ATTN: D. EDWARDSON

