

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

ROBERT & GRACE MALACRIDA  
 8000 E MAPLEWOOD #120  
 ENGLEWOOD CO 80111 4727

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 X *Robert Malacrida*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 700

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

STEPHEN & KATHLEEN POLLOCK  
 1874 UNBRIDLED AVE  
 PARKER CO 80138-3080

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 X *Stephen Pollock*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 705

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

DALLAS & BARBARA RYCHENER  
 21812 UNBRIDLED AVE  
 PARKER CO 80138-3080

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-27-00

C. Signature  
 X *Barbara Rychener*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 703

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

MICHAEL & CARLA SCHRENK  
 21784 UNBRIDLED AVE  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-27-00

C. Signature  
 X *Carla Schrenk*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 702

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 X *Canterbury Dev*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 700

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

LEROY & PATRICIA CHRISTENSEN  
 21833 UNBRIDLED AVE  
 PARKER CO 80138-3082

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 X *Patricia Christensen*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 697

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

SUSAN MANTONE LIVING TRUST  
 21861 UNBRIDLED AVE  
 PARKER CO 80138-3082

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 X *Susan Mantone*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 696

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

JACK & CATHERINE MATTHIAS  
 21864 UNBRIDLED AVE  
 PARKER CO 80138-3080

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-27-00

C. Signature  
 X *Jack Matthias*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: 2000 No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 Z 140 935 695

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z99-002  
 #387B

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 JENNIFER & MICHAEL RANKIN  
 21733 UNBRIDLED AVE  
 PARKER CO 80138-3081

A. Received by (Please Print Clearly) *JENNIFER RANKIN* B. Date of Delivery *7/24*

C. Signature *JENNIFER RANKIN*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 754*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 MARK & MARLA LINDBOLM  
 21681 UNBRIDLED AVE  
 PARKER CO 80138-3048

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *MARK LINDBOLM*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 753*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 JOHN & IRIS HALLIN  
 21621 UNBRIDLED DR  
 PARKER CO 80138-3048

A. Received by (Please Print Clearly) *IRIS HALLIN* B. Date of Delivery *7/26/00*

C. Signature *IRIS HALLIN*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 752*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 JERALD & KRISTINE JOHNSON  
 21561 UNBRIDLED AVE  
 PARKER CO 80138-3047

A. Received by (Please Print Clearly) B. Date of Delivery *7/29/00*

C. Signature *JERALD JOHNSON*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 751*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 MARY & ANGELA MEISTER  
 1740 UNBRIDLED AVE  
 PARKER CO 80138-3079

A. Received by (Please Print Clearly) *M. MEISTER* B. Date of Delivery *7/28/00*

C. Signature *M. MEISTER*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 710*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 RICHMOND AMERICAN HOMES  
 600 S YOSEMITE ST #200  
 DENVER CO 80237

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 709*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 JOHN & JEANNETTE GALLAGHER  
 21744 SWALE  
 PARKER CO 80138-3050

A. Received by (Please Print Clearly) *John P Gallagher* B. Date of Delivery *7-1-00*

C. Signature *John P Gallagher*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 708*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 MICHAEL & ANGELIAN RICHMOND  
 21823 UNBRIDLED AVE  
 PARKER CO 80138-3082

A. Received by (Please Print Clearly) *Michael Richmond* B. Date of Delivery *7/26/00*

C. Signature *Michael Richmond*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 707*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 4-26-99

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 4-26-99

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2140 935 764

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2140 935 763

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 4-26-99

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 4-26-99

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2140 935 762

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2140 935 761

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

FRANKLIN & MARIAN STEVENSON  
 11996 RIDGEVIEW LN  
 PARKER CO 80138

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

G NEIL & APTON WILCOX  
 12006 RIDGEVIEW LN  
 PARKER CO 80138

A. Received by (Please Print Clearly) Apton & Wilcox B. Date of Delivery \_\_\_\_\_

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2140 935 760

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2140 935 758

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MICHAEL & STEPHANIE HUHN  
 21824 SWALE AVE  
 PARKER CO 80138

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 5-1-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

RAYMOND & BARBARA LAIRD  
 21906 SWALE  
 PARKER CO 80138-3054

A. Received by (Please Print Clearly) RAYMOND LAIRD B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2140 935 757

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2140 935 756

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY CROSSING MASTER ASS  
 19557 MAINSTREET  
 PARKER CO 80134

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 795  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

NICHOLAS BREWER  
 21797 UNBRIDLED AVE  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 774  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

BRUCE & DIANE ADAMIC  
 21777 UNBRIDLED AVE  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 723  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

RONALD & MARILYN AMES  
 21753 UNBRIDLED AVE  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 769  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

GREGORY & CYNTHIA BREWER  
 1743 UNBRIDLED AVE  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 768  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 8 S ALTON WAY BLDN M  
 GLENWOOD CO 80112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 767  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 GLENWOOD CO 80112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 766  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 8 S ALTON WAY BLDN M  
 GLENWOOD CO 80112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2140 935 765  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-28-00

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2 140 935 793

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label)  
 2 140 935 792

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

JON & MICHELLE BITTROLFF  
 11731 RIVERDALE DR  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 M. B. Fitts 5/1/00

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

SARAH HARVEY  
 11986 RIDGEEVIEW LN  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 1/27/00

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2 140 935 791

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label)  
 2 140 935 790

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

PULTE HOME CORPORATION  
 100 INVERNESS TERRACE EAST 200  
 ENGLEWOOD CO 80112-0000

Moved

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 4/25

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CHRISTOPHER & KIMBERLY VOSTREJS  
 21132 SADDLEBACK CIR  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2 140 935 789

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label)  
 2 140 935 788

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MICHAEL SMITH  
 8730 E HILLTOP RD  
 PARKER CO 80134-7003

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 Michael Smith 9/5/00

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 4-26-00

C. Signature  
 [Signature]

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 2 140 935 718

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label)  
 2 140 935 776

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBERRY CROSSING MSTR AS  
19557 E MAINSTREET #110  
PARKER CO 80134

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

ENGLE HOMES  
7340 E CALEY AVE #300  
ENGLEWOOD CO 80111

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Article Number (Copy from service label) **2 140 935 802**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) **2 140 935 801**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

ROBERT & SHARON JOHNSON  
7980 E HILLTOP RD  
PARKER CO 80134-7104

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

PULTE HOME CORPORATION  
100 INVERNESS TERRACE EAST SUI  
ENGLEWOOD CO 80112-0000

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Article Number (Copy from service label) **2 140 935 800**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) **2 140 935 799**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

THE THE VILLAGES OF PARKER MAST  
& PARKER LAND ASSOC LP 1670 BR  
DENVER CO 80202-0000

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

BRIAN & CAROL KULBACK  
8717 E HILLTOP RD  
PARKER CO 80134-7004

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

APR 27 2000

2. Article Number (Copy from service label) **2 140 935 798**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) **2 140 935 796**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

ROTH & KERRY PETERSEN  
P O BOX 442  
PARKER CO 80134-0442

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
7108 S ALTON WAY BLDN M  
ENGLEWOOD CO 80112

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Article Number (Copy from service label) **2 140 935 795**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) **2 140 935 784**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MARK & PATRICE AUSTIN  
 9055 KIT CARSON LN  
 PARKER CO 80138-6250

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 813

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

GARY & DEBRA JONES  
 8803 CRESTVIEW DR  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 811

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

ARTHUR & STEPHANIE KELLY  
 8493 N CRESTVIEW  
 PARKER CO 80138

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 810

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

NANCY MCGILL  
 1854 S PITKIN CIRCLE #A  
 AURORA CO 80017-5233

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 809

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

RICHMOND AMERICAN HOMES  
 3600 S YOSEMITE ST #200  
 DENVER CO 80237

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 807

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

PARKER MESA GOLF COURSE ASSOCI  
 1670 BROADWAY SUITE 3350  
 DENVER CO 80202-4833

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 806

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
 7108 S ALTON WAY BLDN M  
 ENGLEWOOD CO 80112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 804

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

KEVIN & LISA STEWART  
 11741 RIVERDALE DR  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 803

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
7108 S ALTON WAY BLDN M  
ENGLEWOOD CO 80112

A. Received by (Please Print Clearly) B. Date of Delivery  
4-26-00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

FREDERICK SWANSON  
804 IDLEWILD DR  
DILLON CO 80435-7642

A. Received by (Please Print Clearly) B. Date of Delivery  
4-26

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 821

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 821

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

STEVEN STEENROD  
1560 S QUEBEC WAY #50  
DENVER CO 80231-5681

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
5-1-00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

RKER MESA GOLF COURSE  
70 BROADWAY #3350  
NVER CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
5-1-00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 820

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 818

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CANTERBURY DEV  
7108 S ALTON WAY BLDN M  
ENGLEWOOD CO 80112

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
4-26-00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CHARLES W HASSTEDT  
8735 N HILLTOP RD  
PARKER CO 80134-7004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
5-1-00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 817

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 810

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

LIZAETH & PANDY HELLINGER  
923 CRESTVIEW DR  
ARKER CO 80138-6264

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
4/28/00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

JEAN PITTS  
9125 ROCKY MOUNTAIN LN  
PARKER CO 80138-6279

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
4/27/00

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 815

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 814

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

BRIAN & DEBRA BELIVEAU  
21886 SWALE DR  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 509

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Brian B. Date of Delivery 4/27/00

C. Signature Brian Beliveau  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

DAVID & JOY BEAUDOIN  
21544 TALLMAN DR  
PARKER CO 80138-3036

2. Article Number (Copy from service label) 2 140 935 507

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery 4/27/00

C. Signature David Beaudoin  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

TON & DEBORAH SIMON  
21594 TALLMAN DR  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 506

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Deborah Simon B. Date of Delivery 4/27/00

C. Signature Deborah Simon  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

GREGORY & JAMIE MARCHESE  
21574 TALLMAN  
PARKER CO 80138-3036

2. Article Number (Copy from service label) 2 140 935 505

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Marchese B. Date of Delivery 4/27/00

C. Signature Gregory Marchese  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

ERIC & KIRSTEN COMPTON  
11365 MESA VERDE WAY  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 503

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Kirsten Compton B. Date of Delivery 05/01/00

C. Signature Kirsten Compton  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

MAURICE & MARY SANFORD  
11376 MESA VERDE WAY  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 502

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) MR. Sanford B. Date of Delivery 4.28.00

C. Signature MR. Sanford  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

KEVIN & PAMELA TERPENNY  
20705 OMAHA AVE  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 501

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Pamela Terpenney B. Date of Delivery APR 27 2000

C. Signature Pamela Terpenney  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

VILLAGES OF PARKER MASTER ASSO  
19557 E MAINSTREET SUITE 110  
PARKER CO 80138-7393

2. Article Number (Copy from service label) 2 474 630 210

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery 4-26

C. Signature John Smith  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

DOUGLAS & GAIL CHUBB  
21601 UNBRIDLED  
PARKER CO 80138-3048

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MATTHEW & VICTORIA ZAFUTO  
21723 UNBRIDLED AVE  
PARKER CO 80138-3081

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 519**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 517**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

RAY HARVIE  
8517 E PARKER RD  
PARKER CO 80138-7208

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 516**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MARK SANTY  
21521 UNBRIDLED AVE  
PARKER CO 80138-3047

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 515**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

BRIAN & MARNIE BLOMBERG  
21591 UNBRIDLED AVE  
PARKER CO 80138-3047

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 514**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

RODNEY & DONNA THALIMER  
21703 UNBRIDLED AVE  
PARKER CO 80138-3081

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 512**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

JOHN & DEBRA SWANSON  
21732 UNBRIDLED AVE  
PARKER CO 80138-3079

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 511**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MICHAEL COHOON & VERA SAJDYK  
21926 SWALE DR  
PARKER CO 80138

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) **2 140 935 510**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

RAYMOND & SYLVIA BACHAR  
21664 SWALE AVE  
PARKER CO 80138-3049

2. Article Number (Copy from service label) 2 140 935 528

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Raymond Bachar B. Date of Delivery 4-27-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

RK & SHAWN SPINK  
53 CRESTVIEW DR  
PARKER CO 80138-6257

2. Article Number (Copy from service label) 2 140 935 527

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Spink B. Date of Delivery 4/26/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

ANTHONY MILLER  
9025 KIT CARSON LN  
PARKER CO 80138-6250

2. Article Number (Copy from service label) 2 140 935 526

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Anthony Miller B. Date of Delivery 4-27-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

PHILIP & DONNA VARNAK  
8593 N CRESTVIEW DR  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 525

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Philip Varnak B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

MARK & MICHELLE SCAPERLANDA  
21804 SWALE AVE  
PARKER CO 80138-3051

2. Article Number (Copy from service label) 2 140 935 523

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) M Scaperlanda B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

GARY & ISABELLE LOMBARD  
21554 TALLMAN DR  
PARKER CO 80138-3036

2. Article Number (Copy from service label) 2 140 935 522

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Lombard B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

PHILLIP & KAREN HOWARD  
21504 TALLMAN  
PARKER CO 80138-3036

2. Article Number (Copy from service label) 2 140 935 521

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Phillip Howard B. Date of Delivery 4-27-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

TIMOTHY DESVEAUX  
21541 UNBRIDLED AVE  
PARKER CO 80138-3047

2. Article Number (Copy from service label) 2 140 935 520

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Adriana Desveaux B. Date of Delivery 5/4/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES & FRANCES FLOOD  
21442 UNBRIDLED AVE  
PARKER CO 80138-3044

A. Received by (Please Print Clearly) B. Date of Delivery  
4-22-03

C. Signature  
X Frances Flood

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STEVEN COOPWOOD & GAIL BOHALL  
11312 MESA VERDE PL  
PRRKR CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
4/23/03

C. Signature  
X Gail Bohall

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 539

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 535

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL & BARBARA MISURACA  
11424 SWITZER PARK  
PARKER CO 80134

A. Received by (Please Print Clearly) B. Date of Delivery  
4/26/03

C. Signature  
X Barbara Misuraca

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STEPHEN & YOLANDA MESLEY  
21784 SWALE AVE  
PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
4/27/03

C. Signature  
X Yolanda Mesley

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 534

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 533

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DOUGLAS MOE  
21866 SWALE DR  
PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
5-3-03

C. Signature  
X Jean M Moe

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WAYNE & SHERI PAGE  
21916 SWALE DR  
PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
4/27/03

C. Signature  
X Sheri Page

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 532

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 531

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT H MOORE - MOORE TRUST  
8553 CRESTVIEW DR  
PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
4/26/03

C. Signature  
X Robert H. Moore

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HENRI & DOREEN DOUVILLE  
11468 CANNONADE WAY  
PARKER CO 80138-3038

A. Received by (Please Print Clearly) B. Date of Delivery  
4/28/03

C. Signature  
X Doreen Douville

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 530

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 529

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 BRIAN & ALLISON FRANCO  
 21422 UNBRIDLED DR  
 PARKER CO 80138-3044

A. Received by (Please Print Clearly) *ALLISON FRANCO* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 548*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 MONIQUE & RICHARD CULLOM  
 21362 UNBRIDLED DR  
 PARKER CO 80138-3043

A. Received by (Please Print Clearly) *RICHARD CULLOM* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 547*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 JOSEPH & BRENDA LOPEZ  
 21682 UNBRIDLED AVE  
 PARKER CO 80138-3046

A. Received by (Please Print Clearly) *JOSEPH & BRENDA LOPEZ* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 546*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 PAUL & PATRICIA DAVIS  
 11434 SWITZER PARK  
 PARKER CO 80134

A. Received by (Please Print Clearly) *PAUL & PATRICIA DAVIS* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 545*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 ROBERT & KRISTA COLBORN  
 21614 UNBRIDLED AVE  
 PARKER CO 80138-3046

A. Received by (Please Print Clearly) *KRISTA COLBORN* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 543*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 KEITH & LYNN PERCIN  
 21463 UNBRIDLED DR  
 PARKER CO 80138-3044

A. Received by (Please Print Clearly) *KEITH & LYNN PERCIN* B. Date of Delivery *5-5-00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 542*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 LAURENCE & ELLEN REILLY  
 21403 UNBRIDLED DR  
 PARKER CO 80138-3044

A. Received by (Please Print Clearly) *LAURENCE J. REILLY* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 541*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
  
 DENNIS & SANDRA MICHAUD  
 21382 UNBRIDLED DR  
 PARKER CO 80138-3043

A. Received by (Please Print Clearly) *DENNIS & SANDRA MICHAUD* B. Date of Delivery *4/28/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 540*  
 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

JULIE OLSON  
21383 UNBRIDLED DR  
PARKER CO 80138-3043

A. Received by (Please Print Clearly) Julie Olson B. Date of Delivery 4/26/00

C. Signature Julie Olson  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 559

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

SUSAN HOOD  
21443 UNBRIDLED DR  
PARKER CO 80138-3044

A. Received by (Please Print Clearly) Susan Hood B. Date of Delivery 4/26/00

C. Signature Susan Hood  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 558

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

RANDY & JANA BOSWORTH  
21700 UNBRIDLED AVE  
PARKER CO 80138-3079

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Randy Bosworth B. Date of Delivery 4/29/00

C. Signature Randy Bosworth  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 557

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

GREGORY & KELLY SITZMAN  
21483 UNBRIDLED DR  
PARKER CO 80138-3044

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Kelly Sitzman B. Date of Delivery 4/29/00

C. Signature Kelly Sitzman  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 555

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

MICHAEL & HEATHER BLOIS  
21662 UNBRIDLED AVE  
PARKER CO 80138-3046

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) H. Blois B. Date of Delivery 4/26/00

C. Signature H. Blois  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 554

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

RANDALL MONTURI  
21584 UNBRIDLED AVE  
PARKER CO 80138-3045

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Randall Monturi B. Date of Delivery 4/27/00

C. Signature Randall Monturi  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 553

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

BERTHA CAMPBELL  
21554 UNBRIDLED AVE  
PARKER CO 80138-3045

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Campbell B. Date of Delivery 4/26/00

C. Signature B. Campbell  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 550

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

RONALD & VICKI BERGER  
21482 UNBRIDLED AVE  
PARKER CO 80138-3044

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Vicki Berger B. Date of Delivery 4/26/00

C. Signature Vicki Berger  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 549

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

LARRY STUDER  
20725 OMAHA AVE  
PARKER CO 80138

A. Received by (Please Print Clearly) *Larry Studer* B. Date of Delivery  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

MAY 03 2000

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 580*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

DAVID RUSSELL  
P O BOX 1283  
PARKER CO 80134-1283

A. Received by (Please Print Clearly) *David Russell* B. Date of Delivery *4/27/00*  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 508*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

DUANE & MARLENE REYNOLDS  
8693 N CRESTVIEW DR  
PARKER CO 80138

A. Received by (Please Print Clearly) *D Reynolds* B. Date of Delivery  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

APR 27 2000

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 507*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

CRAIG & JOYCE DOERR  
11444 SWITZER PARK  
PARKER CO 80134

A. Received by (Please Print Clearly) *Randy Doerr* B. Date of Delivery *4/29/00*  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 565*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

MICHAEL SPARKS  
11478 CANNONADE WAY  
PARKER CO 80138-3038

A. Received by (Please Print Clearly) *Michael Sparks* B. Date of Delivery *4/26/00*  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 563*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

EARL & YUVONNE SQUIRES  
11471 DARK STAR WAY  
PARKER CO 80138-7289

A. Received by (Please Print Clearly) *Earl Squires* B. Date of Delivery *5-01-00*  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 562*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

ROBERT & MARSHA SCHEINHARTZ  
21462 UNBRIDLED DR  
PARKER CO 80138-3044

A. Received by (Please Print Clearly) *Marsha Scheinhartz* B. Date of Delivery  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

APR 27 2000

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 561*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

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. Article Addressed to:

ROBERT & SALLY SESSKO  
21402 UNBRIDLED DR  
PARKER CO 80138-3044

A. Received by (Please Print Clearly) *SALLY L. SESSKO* B. Date of Delivery  
C. Signature *[Signature]*  Agent  Addressee  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

APR 27 2000

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2140 935 560*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

VAISHALI & RAJASEKHAR NUKALA  
11377 MESA VERDE WAY  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 589

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

KENNETH & RUBY HOUCK  
11384 MESA VERDE LN  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 588

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

PATRICK & TAMMIE OBRIEN  
11491 DARK STAR WAY  
PARKER CO 80138-7289

2. Article Number (Copy from service label) 2 140 935 587

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MICHAEL & REBECCAS FELLER  
20735 OMAHA AVE  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 585

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

NEIL & KATHY JOHANSEN  
20765 OMAHA AVE  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 584

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

JOHN KARGE  
11414 SWITZER PARK  
PARKER CO 80134

2. Article Number (Copy from service label) 2 140 935 583

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

MICHAEL MCKIBBEN & S FERRARO  
11404 SWITZER PARK LN  
PARKER CO 80134

2. Article Number (Copy from service label) 2 140 935 582

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

GUADALUPE RAMIREZ  
20755 OMAHA AVE  
PARKER CO 80138

2. Article Number (Copy from service label) 2 140 935 581

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

CE & CHERIE BENNETT  
64 SWALE  
PARKER CO 80138-3050

A. Received by (Please Print Clearly) <i>CHEW</i>	B. Date of Delivery <i>Mar 11 1999</i>
C. Signature <i>Cherie Bennett</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 579*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

RONALD DENNIS  
21843 UNBRIDLED AVE  
PARKER CO 80138-3082

A. Received by (Please Print Clearly) <i>Ronald C. Dennis</i>	B. Date of Delivery <i>4/26/2000</i>
C. Signature <i>Ronald C. Dennis</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 577*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

LEE & HANG-CHUNG CHEUNG  
1854 UNBRIDLED DRIVE  
PARKER CO 80138-3080

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>HANNAH CHEUNG</i>	B. Date of Delivery <i>4-29-00</i>
C. Signature <i>Hannah Cheung</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 575*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

JOSEPH & PATRCIA POBAR  
21820 UNBRIDLED AVE  
PARKER CO 80138-3080

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Patricia Pobar</i>	B. Date of Delivery <i>4-26-00</i>
C. Signature <i>Patricia Pobar</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 574*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

STEPHEN & RUTH DAHLIN  
21770 UNBRIDLED DR  
PARKER CO 80138-3079

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Stephen Dahlin</i>	B. Date of Delivery <i>4-26-00</i>
C. Signature <i>Stephen Dahlin</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 572*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

STEVEN & CHRISTINA ENRES  
9026 E ROCKY MTN LN  
PARKER CO 801238

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>STEVEN H ENRES</i>	B. Date of Delivery <i>4-27-00</i>
C. Signature <i>Steven Enres</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 571*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

ONNA CURTIS  
9025 ROCKY MOUNTAIN LN  
PARKER CO 80138-6252

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>ONNA CURTIS</i>	B. Date of Delivery <i>4-27-00</i>
C. Signature <i>Onna Curtis</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 570*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

STEVEN & BELINDA COSPER  
8623 CRESTVIEW DR  
PARKER CO 80138-6257

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>STEVEN COSPER</i>	B. Date of Delivery <i>4-27-00</i>
C. Signature <i>Steven Cosper</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

*7 140 935 569*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

DUGLAS COUNTY BOARD OF COMMISS  
 111 THIRD  
 STILE ROCK CO 80104-2424

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

THOMAS & PATTI RYAN  
 11711 RIVERDALE DR  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 677*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) *2 140 935 823*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

ERIC & TIFFANY KOPHS  
 11386 MESA VERDE WAY  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

THOMAS & KRISTINA WOODS  
 11356 MESA VERDE WAY  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 595*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) *2 140 935 594*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

JEFFREY & LAURIE MARTIN  
 113.85 MESA VERDE WAY  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

JEFFREY & KAREN BIXLER  
 11492 DARK STAR  
 PARKER CO 80138-7289

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 593*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) *2 140 935 592*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

THE RYLAND GROUP  
 8000 E MAPLEWOOD AVE #120  
 ENGLEWOOD CO 80111

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:

ROBERT & BARBRA JACKSON  
 11366 MESA VERDE WAY  
 PARKER CO 80138

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 591*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) *2 140 935 590*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 CAROLYN & MELANIE MAHONEY  
 5506 FIR AVE RR#1  
 ERIE CO 80516-0000

A. Received by (Please Print Clearly) *Michael M. Mahoney* B. Date of Delivery *4-26-00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 684*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789  
 80516+3716

**SENDER: COMPLETE THIS SECTION**  
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 MELVIN & GWENDOLYN MANDEL  
 5490 E STROH RD  
 PARKER CO 80134-6626

A. Received by (Please Print Clearly) *Michael M. Mahoney* B. Date of Delivery *4/26/00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 682*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 IMOTHY J. GWIN  
 3054 S STUART WAY  
 PARKER CO 80134

A. Received by (Please Print Clearly) *Rosalind Aguirre* B. Date of Delivery *4/27*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 679*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 PRADO PARTNERSHIP LTD  
 11587 E FLORIDA AVE  
 AURORA CO 80012-4222

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *4-26-00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 683*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 CAROLYN MAHONEY  
 5506 FIR AVE RR#1  
 ERIE CO 80516-0000

A. Received by (Please Print Clearly) *Michael M. Mahoney* B. Date of Delivery *4-26-00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 681*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ 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. Article Addressed to:  
 PREMIX MOBILE  
 1400 W 64TH AVE PO BOX 21588  
 DENVER CO 80221-0588

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *4-26-00*  
 C. Signature *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) *2 140 935 678*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 BOYD & VIRGINIA EVANS  
 13049 S STUART WAY  
 PARKER CO 80134-7480

A. Received by (Please Print Clearly) BOYD EVANS B. Date of Delivery 3/5/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 625

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 PATRICK & SHUANA GAREY  
 13029 S STUART WAY  
 PARKER CO 80134-7480

A. Received by (Please Print Clearly) Shauna Garey B. Date of Delivery APR 27 2000  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 624

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 MARK & SHARON LITCH  
 13011 S STUART WAY  
 PARKER CO 80134-7480

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Received by (Please Print Clearly) Mark Litch B. Date of Delivery 4/5/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 623

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 PHILLIP & KIRMA DOUGLASS  
 13086 S BONNEY ST  
 PARKER CO 80134-7467

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 621

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 BERGE & BARBARA HENDRICKS  
 503 LONE TREE DR  
 LINCOLN NE 68512

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Received by (Please Print Clearly) Hendricks B. Date of Delivery  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 688

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 ZWIS & EILEEN SECORD  
 6940 STROH RD  
 PARKER CO 80134-6609

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Received by (Please Print Clearly) B. Date of Delivery 4 27 00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 687

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 DEPT OF TRANSPORTATION STATE  
 1300 E COLFAX  
 FORT COLO 80011-5607

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 4/6/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 686

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:  
 ESTERRA REATA LLC  
 04 INVERNESS WAY SOUTH SUITE  
 NGLEWOOD CO 80112-5828

**COMPLETE THIS SECTION ON DELIVERY**  
 A. Received by (Please Print Clearly) B. Date of Delivery 4 26 00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 685

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

MICHAEL & GWENDOLYN BICKERS  
13093 S STUART WAY  
PARKER CO 80134-7480

2. Article Number (Copy from service label)  
E 140 935 635

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Michael Bickers*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

MAY 1 2000 BROOKFIELD CO

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

ONARD & JAMIE MINGRONI  
353 S STUART WAY  
PARKER CO 80134-7480

2. Article Number (Copy from service label)  
E 140 935 633

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Edward Mingroni*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

DAVID & KIMBERLY TANSLEY  
13019 S STUART WAY  
PARKER CO 80134-7480

2. Article Number (Copy from service label)  
E 140 935 631

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *David Tansley*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

MAY 1 2000

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

JEFFREY & DONNA CARLSON  
13037 S STUART WAY  
PARKER CO 80134-7480

2. Article Number (Copy from service label)  
E 140 935 632

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Donna Carlson*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

MAY 1 2000

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

RONALD & KATHLEEN COTTEN  
247D CONESTOGA PL  
FRANKTOWN CO 80116-8775

2. Article Number (Copy from service label)  
E 140 935 629

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Ronald Cotten*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

MAY 1 2000 FRANKTOWN CO

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

AMOS & SUE DEWITT  
13097 S BONNEY ST  
PARKER CO 80134-7476

2. Article Number (Copy from service label)  
E 140 935 628

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Amos DeWitt*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

MAY 1 2000

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

KIMBERLY ROBERTS  
13085 S STUART WAY  
PARKER CO 80134-7480

2. Article Number (Copy from service label)  
E 140 935 627

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Kim Roberts*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

APR 27 2000

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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. Article Addressed to:

KATHI & MARTIN FLETCHALL  
13067 S STUART WAY  
PARKER CO 80134-7480

2. Article Number (Copy from service label)  
E 140 935 626

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Martin Fletchall*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

APR 27 2000

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

DAVID & NANCY ANDERSON  
13098 S BONNEY ST  
PARKER CO 80134-7467

A. Received by (Please Print Clearly) Nancy Anderson B. Date of Delivery MAY 03 2000  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 643

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

NIKKI GILDEMASTER  
13038 S BONNEY ST  
PARKER CO 80134-7467

A. Received by (Please Print Clearly) Nikki GildeMASTER B. Date of Delivery MAY 04 2000  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 641

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

STANLEY & BETH OLSEN  
820 EMERSON  
BRUSH CO 80723-1915

A. Received by (Please Print Clearly) Stacy Olson B. Date of Delivery 4-26-00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 639

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

CHRISTEN & KRISTEN CASSIC  
13081 S STUART WAY  
PARKER CO 80134-7480

A. Received by (Please Print Clearly) Christen Cassic B. Date of Delivery 4/26/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 637

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

DEBRA NAYLOR  
13066 S BONNEY ST  
PARKER CO 80134-7467

A. Received by (Please Print Clearly) Debra Naylor B. Date of Delivery 04-28-00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 642

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

ELAINE & THOMAS FREY  
13025 S STUART WAY  
PARKER CO 80134-7480

A. Received by (Please Print Clearly) Elaine Frey B. Date of Delivery 4/26/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 640

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

COURTNEY SPELLMAN  
13061 S STUART WAY  
PARKER CO 80134-7480

A. Received by (Please Print Clearly) Courtney Spellman B. Date of Delivery 4/26/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 638

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**  
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 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. Article Addressed to:

NDALL & KATHLEEN BROUWER  
1099 S STUART WAY  
PARKER CO 80134-7480

A. Received by (Please Print Clearly) K. Brouwer B. Date of Delivery 4/26/00  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) Z 140 935 636

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

A. Received by (Please Print Clearly) **DEH DERSON** B. Date of Delivery **4/26/00**

C. Signature **X [Signature]**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DONOVAN & CELESTE HENDERSON  
 19285 E LEGEND AVE  
 PARKER CO 80134-7478

2. Article Number (Copy from service label) **2 140 935 0510**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

A. Received by (Please Print Clearly) B. Date of Delivery **4/26/00**

C. Signature **X [Signature]**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

STROH RANCH DEVELOPMENT  
 6735 STROH RD  
 PARKER CO 80134

2. Article Number (Copy from service label) **2 140 935 054**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

FRANK & JUDY ALVIS  
 13080 S STUART WAY  
 PARKER CO 80134-7479

2. Article Number (Copy from service label) **2 140 935 053**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

CARLOS & JENNIFER VELASQUEZ  
 13044 S STUART WAY  
 PARKER CO 80134-7479

2. Article Number (Copy from service label) **2 140 935 052**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RONALD & ELIZABETH DREILING  
 13016 S STUART WAY  
 PARKER CO 80134-7479

2. Article Number (Copy from service label) **2 140 935 051**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery **4/26/00**

C. Signature **X [Signature]**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RONALD & SAMANTHA HOWELL  
 19230 E LEGEND CT  
 PARKER CO 80134-7473

2. Article Number (Copy from service label) **2 140 935 050**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery **4/25/00**

C. Signature **X [Signature]**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DONALD & TERESA SCHNEIDER  
 19257 E LEGEND AVE  
 PARKER CO 80134-7478

PARKER CO 80134  
 APR 29 2000

2. Article Number (Copy from service label) **2 140 935 047**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery **4/25/00**

C. Signature **X [Signature]**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

HERRY CREEK SOUTH METRO DIST  
 735 STROH ROAD  
 PARKER CO 80134-6610

2. Article Number (Copy from service label) **2 140 935 045**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**RECIPIENT: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

S COUNTY BOARD OF COMMISSIONERS  
 1000 17TH ST  
 ROCK CO 80104-2424

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) L. E. MONROE B. Date of Delivery APR 26 2000

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. Article Addressed to:

M R J C REAL ESTATE  
 1536 OGDEN ST  
 DENVER CO 80218-1406

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery 4/26/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 665

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 664

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**RECIPIENT: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

CYNTHIA ALTMAN  
 STUART WAY  
 PARKER CO 80134-7479

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery April 29 2000

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. Article Addressed to:

ROBERT & VERONICA LOWRY  
 13024 S STUART WAY  
 PARKER CO 80134-7479

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery 5-01-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 663

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 661

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**RECIPIENT: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

SHARON SMITH  
 19250 E LEGEND CT  
 PARKER CO 80134-7473

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery Sharon Smith

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. Article Addressed to:

JAMES & ANGELA HASS  
 19250 E LEGEND CT  
 PARKER CO 80134-7473

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery Angela Hass

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 660

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 659

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**RECIPIENT: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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.

Addressed to:

SHARON THAYER  
 19243 E LEGEND AVE  
 PARKER CO 80134-7478

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery DAVID ANN... APR 27 2000

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. Article Addressed to:

SHARON THAYER  
 19243 E LEGEND AVE  
 PARKER CO 80134-7478

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery Sharon Thayer

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 658

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2. Article Number (Copy from service label) 2 140 935 657

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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.

Addressed to:

**MICHAEL J MAHONEY**  
 5506 FIR AVE RR#1  
 ERIE CO 80516-0000

A. Received by (Please Print Clearly) MICHAEL J MAHONEY B. Date of Delivery 4-26-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 676

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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. Article Addressed to:

**CAROLYN & JENNIFER MAHONEY**  
 5506 FIR AVE RR#1  
 ERIE CO 80516-0000

A. Received by (Please Print Clearly) MICHAEL J MAHONEY B. Date of Delivery 4-26-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 675

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Carolyn & Jennifer Mahoney B. Date of Delivery 4-26-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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.

Addressed to:

**CREEK S METRO DIST**  
 CROH RD  
 CO 80134

A. Received by (Please Print Clearly) Mary Morris Stange B. Date of Delivery 4/26/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 674

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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. Article Addressed to:

**WYNALD & LAURILEE BORK**  
 1072 S STUART WAY  
 PARKER CO 80134-7479

A. Received by (Please Print Clearly) Wynald & Laurilee Bork B. Date of Delivery 4-26-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 673

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Wynald & Laurilee Bork B. Date of Delivery 4-26-00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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.

Addressed to:

**PROTHY HELLMAN**  
 STUART WAY  
 O 80134-7479

A. Received by (Please Print Clearly) Julie Hellman B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 671

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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. Article Addressed to:

**NANCY LANE**  
 13008 S STUART WAY  
 PARKER CO 80134-7479

A. Received by (Please Print Clearly) Nancy Lane B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 670

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Nancy Lane B. Date of Delivery 4/27/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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.

Addressed to:

**JILL STRUVE**  
 E LEGEND CT  
 CO 80134-7473

A. Received by (Please Print Clearly) Jill Struve B. Date of Delivery 4/26/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number (Copy from service label) 2 140 935 668

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. 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. Article Addressed to:

**FFREY & SUSANNE GRAVES**  
 229 E LEGEND AVE  
 PARKER CO 80134-7478

A. Received by (Please Print Clearly) Jill Struve B. Date of Delivery 4/26/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label) 2 140 935 666

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Susanne Graves B. Date of Delivery 4/26/00

C. Signature [Signature]  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

# AFFIDAVIT OF PUBLICATION

State of Colorado )

)ss

County of Douglas )

This Affidavit of Publication for the DOUGLAS COUNTY NEWS, a weekly newspaper, printed and published for the County of Douglas, State of Colorado, hereby certifies that the attached legal notice was published in said newspaper once in each week, for 1 successive week(s), the last of which publication was made prior to the 27TH day of APRIL

A.D., 2000, and that copies of each number of said paper in which said Public Notice was published were delivered by carriers or transmitted by mail to each of the subscribers of said paper, according to their accustomed mode of business in this office.

for the Douglas County News-Press

State of Colorado )

)ss

County of Douglas )

The above Affidavit and Certificate of Publication was subscribed and sworn to before me by the above-named Richard Bangs, Publisher, or Matthew Vulecich, Managing Editor, of said newspaper, who is personally known to me to be the identical person in the above certificate on this 27TH day of APRIL, A.D., 2000.

Notary Public, 319 Perry St., Castle Rock, CO 80104

Publication Cost: 127.98

Number of Lines: 162

Account Number: 508199

Legal Notice No: W00-518

My Commission Expires 09/07/2003

CAROLYN S. HARRIS  
NOTARY PUBLIC  
STATE OF COLORADO

CAROLYN S. HARRIS  
NOTARY PUBLIC  
STATE OF COLORADO

My Commission Expires 09/07/2003

## PUBLIC NOTICE

NOTICE OF PUBLIC HEARINGS  
Notice is hereby given that the Parker Planning Commission and Parker Town Council shall hold public hearings concerning zoning, located on property described in Exhibit A and generally located south and west of the intersection of Stroh Road and State Highway 83, pursuant to the Town of Parker Land Development Ordinance.

The public hearings are to be held before the Planning Commission on May

11, 2000, at 7:00 P.M. and the Town Council on June 5, 2000, at 7:00 P.M. or as soon as possible thereafter.

The public hearings shall be held in the Council Chambers located in the Parker Town Hall, 20120 E. Mainstreet, Parker, Colorado, or at such other time or place in the event this hearing is adjourned.

Further information is available through the Town Planning Department at (303) 841-0353.

ALL INTERESTED PERSONS MAY ATTEND.

EXHIBIT A (legal description)  
REATA - WEST

A PARCEL OF LAND BEING A PART OF THE NORTHEAST QUARTER OF SECTION 3,

TOWNSHIP 7 SOUTH, RANGE 66 WEST OF THE SIXTH PRINCIPAL MERIDIAN, DOUGLAS COUNTY, COLORADO, BEING MORE PARTICULARLY DESCRIBED AS:

NOTE: FOR THE PURPOSE OF THIS DESCRIPTION, THE BEARINGS ARE BASED ON THE NORTHERLY LINE OF SECTION 3 BEING ASSUMED TO BEAR NORTH 89°59'18" EAST.

MONUMENTED BY A 3-INCH ALUMINUM MONUMENT STAMPED LS 13213 AT THE NORTHWEST CORNER AND A NO. 5 REBAR WITH PLASTIC CAP FLUSH WITH THE ASPHALT AT THE NORTHEAST CORNER.

COMMENCING AT THE NORTHWEST CORNER OF SAID NORTHEAST QUARTER OF SECTION 3;

THENCE ALONG THE WESTERLY LINE OF SAID NORTHEAST QUARTER SOUTH 00°02'51" WEST A DISTANCE OF 30.00 FEET TO THE SOUTHERLY RIGHT-OF-WAY LINE OF STROH ROAD BEING THE POINT OF BEGINNING; THENCE ALONG SAID SOUTHERLY RIGHT-OF-WAY LINE NORTH 89°59'18" EAST A DISTANCE OF 2015.19 FEET TO THE WESTERLY RIGHT-OF-WAY LINE OF COLORADO STATE HIGHWAY 83; THENCE ALONG SAID WESTERLY RIGHT-OF-WAY LINE THE FOLLOWING TEN (10) COURSES:

1. THENCE SOUTH 02°11'53" WEST A DISTANCE OF 235.76 FEET;

2. THENCE SOUTH 04°50'06" WEST A DISTANCE OF 433.86 FEET;

3. THENCE SOUTH 04°02'06" WEST A DISTANCE OF 268.47 FEET;

4. THENCE SOUTH 13°30'23" WEST A DISTANCE OF 58.32 FEET;

5. THENCE SOUTH 10°43'38" WEST A DISTANCE OF 202.20 FEET;

6. THENCE SOUTH 02°11'53" WEST A DISTANCE OF 150.00 FEET;

7. THENCE SOUTH 28°45'52" EAST A DISTANCE OF 58.30 FEET;

8. THENCE SOUTH 02°11'53" WEST A DISTANCE OF 317.96 FEET;

9. THENCE SOUTH 05°46'41" EAST A DISTANCE OF 60.60 FEET;

10. THENCE SOUTH 01°54'52" WEST A DISTANCE OF 805.71 FEET TO THE SOUTHERLY LINE OF SAID NORTHEAST QUARTER OF SECTION 3;

THENCE ALONG SAID SOUTHERLY LINE SOUTH 89°57'12" WEST A DISTANCE OF 1890.85 FEET TO THE SOUTHWEST CORNER OF SAID NORTHEAST QUARTER OF SECTION 3;

THENCE ALONG SAID WESTERLY LINE OF SAID NORTHEAST QUARTER OF SECTION 3 NORTH 00°02'51" EAST A DISTANCE OF 2576.49 FEET TO THE POINT OF BEGINNING; CONTAINING 114.57 ACRES, MORE OR LESS.

LEGAL NOTICE NO: W00-518  
First Publication: April 26, 2000  
Publisher: The Douglas County News-Press

TO: KIM WADE FROM: CHERIE

# Reata North

## NOTICE OF PUBLIC HEARINGS

Notice is hereby given that the Parker Planning Commission and Parker Town Council shall hold public hearings concerning zoning, located on property described in Exhibit A and generally located north of Hilltop Road, approximately 2 miles east of the State Highway 83, and Hilltop road intersection, pursuant to the Town of Parker Land Development Ordinance.

The public hearings are to be held before the Planning Commission on May 11, 2000, at 7:00 P.M. and the Town Council on June 5, 2000, at 7:00 P.M. or as soon as possible thereafter. The public hearings shall be held in the Council Chambers located in the Parker Town Hall, 2010 E. Mainstreet, Parker, Colorado, or at such other time or place in the event this hearing is adjourned. Further information is available through the Town Planning Department at (303) 841-0353.

**ALL INTERESTED PERSONS  
MAY ATTEND.**

**EXHIBIT A (legal description)**

## EXHIBIT A

## REATA - NORTH

A PARCEL OF LAND BEING THE WEST HALF OF SECTION 25, A PORTION OF THE EAST HALF OF SECTION 26, A PORTION OF THE NORTHEAST QUARTER OF SECTION 35, AND A PORTION OF THE NORTH HALF OF SECTION 36, ALL IN TOWNSHIP 6 SOUTH, RANGE 66 WEST OF THE SIXTH PRINCIPAL MERIDIAN, COUNTY OF DOUGLAS, STATE OF COLORADO, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

NOTE: FOR THE PURPOSE OF THIS DESCRIPTION, THE BEARINGS ARE BASED ON THE NORTHERLY LINE OF THE NORTHWEST QUARTER OF SAID SECTION 36 BEING ASSUMED TO BEAR NORTH 89°45'24" EAST. MONUMENTED BY A 1-INCH AXLE AT THE NORTHWEST CORNER AND A 3-INCH BRASS CAP LS 2690 AT THE NORTHEAST CORNER.

BEGINNING AT THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SAID SECTION 25; THENCE SOUTH 00°19'44" WEST ALONG THE EAST LINE OF SAID NORTHWEST QUARTER OF SECTION 25 A DISTANCE OF 2650.97 FEET TO THE SOUTHEAST CORNER OF SAID NORTHWEST QUARTER;

THENCE SOUTH 00°19'40" WEST ALONG THE EAST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 25 A DISTANCE OF 2651.53 FEET TO THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER OF SECTION 25;

THENCE NORTH 89°44'54" EAST ALONG THE NORTH LINE OF SAID NORTHEAST QUARTER OF SECTION 36 A DISTANCE OF 2647.22 FEET;

THENCE SOUTH 00°37'40" WEST ALONG THE EAST LINE OF SAID NORTHEAST QUARTER OF SECTION 36 A DISTANCE OF 2638.88 FEET;

THENCE SOUTH 89°46'05" WEST ALONG THE NORTH LINE OF THE SOUTHEAST QUARTER OF SECTION 36 A DISTANCE OF 1250.05 FEET TO A POINT ON A CURVE ON THE NORTHERLY RIGHT OF WAY OF HILLTOP ROAD;

THENCE NORTHWESTERLY ALONG SAID NORTHERLY RIGHT OF WAY THE FOLLOWING SEVEN (7) COURSES;

1. THENCE NORTHWESTERLY ALONG A CURVE TO THE LEFT HAVING A CENTRAL ANGLE OF 30°38'30", A RADIUS OF 3849.72 FEET, A CHORD BEARING OF NORTH 52°21'37" WEST AND AN ARC LENGTH OF 2058.82 FEET TO A POINT OF COMPOUND CURVATURE;
2. THENCE ALONG A CURVE TO THE LEFT HAVING A CENTRAL ANGLE OF 27°00'00" A RADIUS OF 1303.24 FEET, AND AN ARC LENGTH OF 614.14 FEET;
3. THENCE SOUTH 85°19'08" WEST A DISTANCE OF 218.00 FEET TO A POINT OF CURVATURE;
4. THENCE ALONG A CURVE TO THE RIGHT HAVING A CENTRAL ANGLE OF 48°36'00", A RADIUS OF 1402.39 FEET, AND AN ARC LENGTH OF 1190.37 FEET;
5. THENCE NORTH 46°02'52" WEST A DISTANCE OF 168.00 FEET TO A POINT OF CURVATURE;
6. THENCE ALONG A CURVE TO THE LEFT HAVING A CENTRAL ANGLE OF 36°00'00", A RADIUS OF 1462.39 FEET, AND AN ARC LENGTH OF 918.85 FEET;
7. THENCE NORTH 82°02'52" WEST A DISTANCE OF 7.66 FEET;

THENCE NORTH 03°26'22" EAST A DISTANCE OF 937.18 FEET;

THENCE NORTH 82°04'46" WEST A DISTANCE OF 935.26 FEET;

THENCE SOUTH 00°19'22" WEST A DISTANCE OF 668.00 FEET TO A POINT ON THE SOUTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 26;

THENCE SOUTH 89°42'22" WEST ALONG SAID SOUTH LINE A DISTANCE OF 16.50 FEET TO THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 26;

THENCE NORTH 00°28'44" EAST ALONG THE WEST LINE OF SAID SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26 A DISTANCE OF 1332.76 FEET TO THE NORTHWEST CORNER OF SAID SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26;

THENCE NORTH 00°29'41" EAST ALONG THE WEST LINE OF THE NORTHEAST QUARTER OF SAID SOUTHEAST QUARTER OF SECTION 26 A DISTANCE OF 1326.83 FEET TO THE NORTHWEST CORNER OF SAID NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26;

THENCE NORTH 00°29'44" EAST ALONG THE WEST LINE OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 26 A DISTANCE OF 2651.35 FEET TO THE NORTHWEST CORNER OF SAID EAST HALF OF THE NORTHEAST QUARTER OF SECTION 26;

THENCE SOUTH 89°42'14" EAST ALONG THE NORTH LINE OF SAID EAST HALF OF THE NORTHEAST QUARTER OF SECTION 26 A DISTANCE OF 1341.13 FEET TO THE NORTHEAST CORNER OF SAID SECTION 26;

THENCE NORTH 89°37'49" EAST ALONG THE NORTH LINE OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 25 A DISTANCE OF 1311.44 FEET TO THE NORTHEAST CORNER OF SAID NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 25;

THENCE NORTH 89°38'28" EAST ALONG THE NORTH LINE OF THE NORTHEAST QUARTER OF SAID NORTHWEST QUARTER OF SECTION 25 A DISTANCE OF 1311.56 FEET TO THE POINT OF BEGINNING

CONTAINING 684.73 ACRES, MORE OR LESS.

**NOTICE OF PUBLIC HEARINGS**

Notice is hereby given that the Parker Planning Commission and Parker Town Council shall hold public hearings concerning zoning, located on property described in Exhibit A and generally located south and west of the intersection of Stroh Road and State Highway 83, pursuant to the Town of Parker Land Development Ordinance.

The public hearings are to be held before the Planning Commission on May 11, 2000, at 7:00 P.M. and the Town Council on June 5, 2000, at 7:00 P.M. or as soon as possible thereafter. The public hearings shall be held in the Council Chambers located in the Parker Town Hall, 2010 E. Mainstreet, Parker, Colorado, or at such other time or place in the event this hearing is adjourned. Further information is available through the Town Planning Department at (303) 841-0353.

**ALL INTERESTED PERSONS  
MAY ATTEND.**

**EXHIBIT A (legal description)**

**AFFIDAVIT OF PUBLICATION**

State of Colorado )

)ss

County of Douglas )

This Affidavit of Publication for the DOUGLAS COUNTY NEWS, a weekly newspaper, printed and published for the County of Douglas, State of Colorado, hereby certifies that the attached legal notice was published in said newspaper once in each week, for successive week(s), the last of which publication was made prior to the 1ST day of JUNE

A.D., 2000, and that copies of each number of said paper in which said Public Notice was published were delivered by carriers or transmitted by mail to each of the subscribers of said paper, according to their accustomed mode of business in this office.

*[Signature]*  
for the Douglas County News Press

State of Colorado )

)ss

County of Douglas )

The above Affidavit and Certificate of Publication was subscribed and sworn to before me by the above-named Richard Bangs, Publisher, or Matthew Vuletich, Managing Editor, of said newspaper, who is personally known to me to be the identical person in the above certificate on this 1ST day of JUNE, A.D., 2000.

*Carolyn S. Harris*  
Notary Public, 319 Perry St., Castle Rock, CO 80104

Publication Cost: 533.52  
Number of Lines: 312  
Account Number: 504315  
Legal Notice No: PL-15

**CAROLYN S. HARRIS**  
NOTARY PUBLIC  
STATE OF COLORADO  
My Commission Expires 6/07/2003

**PUBLIC NOTICE**

**PUBLIC HEARING NOTICE**  
Notice is hereby given that the Parker Town Council passed the following resolution setting a hearing to consider the annexation of property known as the Reata North Annexation.

RESOLUTION NO. 00-012

A RESOLUTION SETTING A HEARING DATE FOR THE ANNEXATION PETITION FOR REATA NORTH.

The Town Council of the Town of Parker, Colorado Resolves:

The Town Council finds that a Petition for Annexation of certain territory more particularly described herein and to be known as the Reata North Property as filed with the Town Clerk on September 16, 1999 is in substantial compliance with Section 31-12-107(1), C.R.S., and that a public hearing should be held to determine if the proposed annexation complies with Sections 31-12-104 and 31-12-105, C.R.S., or such parts thereof as may be required to establish eligibility under terms of Section 31-12-101, C.R.S., et seq.

ANNEXATION DESCRIPTION - REATA - NORTH

A PARCEL OF LAND BEING THE WEST HALF OF SECTION 25, A PORTION OF THE EAST HALF OF SECTION 26, A PORTION OF THE NORTHEAST QUARTER OF SECTION 35, AND A PORTION OF THE NORTH HALF OF SECTION 36, ALL TOWNSHIP 6 SOUTH, RANGE 66 WEST OF THE SIXTH PRINCIPAL MERIDIAN, COUNTY OF DOUGLAS, STATE OF COLORADO, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

NOTE: FOR THE PURPOSE OF THIS DESCRIPTION, THE BEARINGS ARE BASED ON THE NORTHERLY LINE OF THE NORTHWEST QUARTER OF SAID SECTION 36 BEING ASSUMED TO BEAR NORTH 89°45'24" EAST, MONUMENTED BY A 1-INCH AXLE AT THE NORTHWEST CORNER AND A 3-INCH BRASS CAP IS 2690 AT THE NORTHEAST CORNER.

BEGINNING AT THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SAID SECTION 25; THENCE SOUTH 00°19'44" WEST ALONG THE EAST LINE OF SAID NORTHWEST QUARTER OF SECTION 25 A DISTANCE OF 2650.97 FEET TO THE SOUTHEAST CORNER OF SAID NORTHWEST QUARTER; THENCE SOUTH 00°19'40" WEST ALONG THE EAST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 25 A DISTANCE OF 2651.53 FEET TO THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER OF SECTION 25; THENCE NORTH 89°44'54" EAST ALONG THE NORTH LINE OF SAID NORTHEAST QUARTER OF SECTION 36 A DISTANCE OF 2647.22 FEET; THENCE SOUTH 00°37'40" WEST

ALONG THE EAST LINE OF SAID NORTHEAST QUARTER OF SECTION 36 A DISTANCE OF 2638.88 THENCE SOUTH 89°46'05" WEST ALONG THE NORTH LINE OF THE SOUTHEAST QUARTER OF SECTION 36 A DISTANCE OF 1298.85 FEET TO A POINT ON A CURVE ON THE NORTHERLY RIGHT OF WAY OF HILLTOP ROAD;

THENCE NORTHWESTERLY ALONG SAID NORTHERLY RIGHT OF WAY THE FOLLOWING SEVEN (7) COURSES;

1. THENCE NORTHWESTERLY ALONG A CURVE TO THE LEFT HAVING A CENTRAL ANGLE OF 36°38'38" A RADIUS OF 3849.72 FEET, A CHORD BEARING OF NORTH 52°21'37" WEST AND AN ARC LENGTH OF 2858.82 FEET TO A POINT OF COMPOUND CURVATURE;
2. THENCE ALONG A CURVE TO THE LEFT HAVING A CENTRAL ANGLE OF 27°00'00" A RADIUS OF 1363.24 FEET, AND AN ARC LENGTH OF 614.14 FEET;
3. THENCE SOUTH 85°19'08" WEST A DISTANCE OF 218.00 FEET TO A POINT OF CURVATURE;
4. THENCE ALONG A CURVE TO THE RIGHT HAVING A CENTRAL ANGLE OF 48°38'00" A RADIUS OF 1462.39 FEET, AND AN ARC LENGTH OF 1190.37 FEET;
5. THENCE NORTH 46°02'52" WEST A DISTANCE OF 166.00 FEET TO A POINT OF CURVATURE;
6. THENCE ALONG A CURVE TO THE LEFT HAVING A CENTRAL ANGLE OF 36°00'00", A RADIUS OF 1462.39 FEET, AND AN ARC LENGTH OF 918.85 FEET;
7. THENCE NORTH 82°02'52" WEST A DISTANCE OF 7.66 FEET; THENCE NORTH 85°26'22" EAST A DISTANCE OF 937.18 FEET;

THENCE NORTH 82°04'48" WEST A DISTANCE OF 935.26 FEET; THENCE SOUTH 08°19'27" WEST A DISTANCE OF 668.00 FEET TO A POINT ON THE SOUTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 26;

THENCE SOUTH 89°42'27" WEST ALONG SAID SOUTH LINE A DISTANCE OF 16.90 FEET TO THE SOUTHWEST CORNER OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 26;

THENCE NORTH 00°28'44" EAST ALONG THE WEST LINE OF SAID SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26 A DISTANCE OF 1332.76 FEET TO THE NORTHWEST CORNER OF SAID SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26;

THENCE NORTH 00°29'41" EAST ALONG THE WEST LINE OF THE NORTHEAST QUARTER OF SAID SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26; A DISTANCE OF 1326.83 FEET TO THE NORTHWEST CORNER OF SAID NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26;

THENCE NORTH 00°29'44" EAST ALONG THE WEST LINE OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 26 A DISTANCE OF 2651.35 FEET TO THE NORTHWEST CORNER OF SAID EAST HALF OF THE NORTHEAST QUARTER OF SECTION 26;

THENCE SOUTH 89°42'14" EAST ALONG THE NORTH LINE OF SAID EAST HALF OF THE NORTHEAST QUARTER OF SECTION 26 A DISTANCE OF 1341.13 FEET TO THE NORTHEAST CORNER OF SAID SECTION 26;

THENCE NORTH 89°37'49" EAST ALONG THE NORTH LINE OF

THE NORTHWEST QUARTER OF SAID SECTION 26 A DISTANCE OF 1311.44 FEET TO THE NORTHWEST CORNER OF SAID NORTHWEST QUARTER OF SECTION 26; THENCE NORTH 89°37'25" EAST ALONG THE NORTH LINE OF SAID NORTHWEST QUARTER OF SECTION 26 A DISTANCE OF 1311.56 FEET TO THE POINT OF BEGINNING CONTAINING 66.65 ACRES, MORE OR LESS.

The Town Council hereby sets a public hearing for consideration and finalizing on June 5, 2006 at 7:00 p.m. at the Town Office, 200 East Main Street, Parkersburg, West Virginia, to receive and give notice as required by state law and Town Ordinance.

Done at a regular meeting of the Parkersburg Town Council on June 17, 2006, and approved by a vote of 6 for and 0 against.

-S- Gary Lester, Mayor

ATTEST:

-S- Carol Baumgartner, Town Clerk

Any person may appear at said hearing and present evidence which may be determined by the governing body.

LEGAL NOTICE NO: PL-015  
 First Publication: May 3, 2006  
 Last Publication: May 31, 2006  
 Publisher: The Douglas County News Press

# AFFIDAVIT OF PUBLICATION

State of Colorado )

)ss

County of Douglas )

This Affidavit of Publication for the DOUGLAS COUNTY NEWS, a weekly newspaper, printed and published for the County of Douglas, State of Colorado, hereby certifies that the attached legal notice was published in said newspaper once in each week, for successive week(s), the last of which publication was made prior to the 1ST day of JUNE

A.D., 2000, and that copies of each number of said paper in which said Public Notice was published were delivered by carriers or transmitted by mail to each of the subscribers of said paper, according to their accustomed mode of business in this office.

for the Douglas County News-Press

State of Colorado )

)ss

County of Douglas )

The above Affidavit and Certificate of Publication was subscribed and sworn to before me by the above-named Richard Bangs, Publisher, or Matthew Vuletic, Managing Editor, of said newspaper, who is personally known to me to be the identical person in the above certificate on this 1ST day of JUNE, A.D., 2000.

Notary Public, 319 Perry St., Castle Rock, CO 80104

Publication Cost: ~~359.10~~ 569.43

Number of Lines: ~~213~~ 333

Account Number: 504315

Legal Notice No: PL-14

CAROLYN S. HARRIS  
NOTARY PUBLIC  
STATE OF COLORADO  
My Commission Expires 06/07/2009

## PUBLIC NOTICE

**PUBLIC HEARING NOTICE**  
Notice is hereby given that the Board of Trustees of the Town Council passed the following resolution setting a hearing to consider the annexation of property known as the Reata West Association.

### RESOLUTION NO. 00-015

**A RESOLUTION SETTING A HEARING DATE FOR THE ANNEXATION PETITION FOR REATA WEST**

The Town Council of the Town of Fenton, Colorado, hereby:

The Town Council finds that a Petition for Annexation of certain territory more particularly described herein and to be known as the Reata West Property as filed with the Town Clerk on August 9, 1999 is in substantial compliance with Section 31-12-107(1), C.R.S., and that a public hearing should be held to determine if the proposed annexation complies with Sections 31-12-104 and 31-12-105, C.R.S. It is the intent of the Council to require to establish compliance under terms of Section 31-12-104, C.R.S. it was:

### ANNEXATION DESCRIPTION

Reata - West

A PARCEL OF LAND BEING A PART OF THE NORTHEAST QUARTER OF SECTION 3, TOWNSHIP 7 SOUTH, RANGE 66 WEST OF THE SIXTH PRINCIPAL MERIDIAN, DOUGLAS COUNTY, COLORADO, BEING MORE PARTICULARLY DESCRIBED AS:

NOTE: FOR THE PURPOSE OF

THIS DESCRIPTION, THE READINGS ARE BASED ON THE NORTHERLY LINE OF SECTION 3 BEING ASSUMED TO BEAR NORTH 89°59'18" EAST, MONUMENTED BY A 3-INCH ALUMINUM MONUMENT STAMPED LS 13213 AT THE NORTHWEST CORNER AND A NO. 5 REBAR WITH PLASTIC CAP FLUSH WITH THE ASPHALT AT THE NORTHEAST CORNER.

COMMENCING AT THE NORTHWEST CORNER OF SAID NORTHEAST QUARTER OF SECTION 3, THENCE ALONG THE WESTERLY LINE OF SAID NORTHEAST QUARTER SOUTH 89°02'31" WEST A DISTANCE OF 300.00 FEET TO THE SOUTHERLY RIGHT-OF-WAY LINE OF STROH ROAD BEING THE POINT OF BEGINNING;  
THENCE ALONG SAID SOUTHERLY RIGHT-OF-WAY LINE NORTH 89°59'18" EAST A DISTANCE OF 2015.19 FEET TO THE WESTERLY RIGHT-OF-WAY LINE OF COLORADO STATE HIGHWAY 63;  
THENCE ALONG SAID WESTERLY RIGHT-OF-WAY LINE THE FOLLOWING TEN (10) COURSES:  
1. THENCE SOUTH 04°11'30" WEST A DISTANCE OF 450.00 FEET;  
2. THENCE SOUTH 04°59'00" WEST A DISTANCE OF 433.00 FEET; 433.86 FEET;  
3. THENCE SOUTH 04°02'00" WEST A DISTANCE OF 248.47 FEET; 268.47 FEET;  
4. THENCE SOUTH 13°30'15" WEST A DISTANCE OF 513.31 FEET; 513.31 FEET;  
5. THENCE SOUTH 10°03'30" WEST A DISTANCE OF 222.28 FEET; 222.28 FEET;  
6. THENCE SOUTH 02°11'45" WEST A DISTANCE OF 150.00 FEET; 150.00 FEET;

7. THENCE SOUTH 28°45' EAST  
A DISTANCE OF 58.30 FEET TO  
FEET;  
8. THENCE SOUTH 07°15'  
WEST A DISTANCE OF 317.00  
FEET;  
9. THENCE SOUTH 05°40' EAST  
A DISTANCE OF 60.00 FEET;  
10. THENCE SOUTH 01°45'  
WEST A DISTANCE OF 100.00  
FEET TO THE SOUTHERLY LINE  
OF SAID NORTHEAST QUARTER  
OF SECTION 3;  
THENCE ALONG SAID SOUTHERLY  
LINE SOUTH 89°47'12" WEST A  
DISTANCE OF  
1890.85 FEET TO THE SOUTH  
WEST CORNER OF SAID NORTH-  
EAST QUARTER OF SECTION 3;  
THENCE ALONG SAID WESTERLY  
LINE OF SAID NORTHEAST  
QUARTER OF SECTION 3  
NORTH 00°02'51" EAST A DIS-  
TANCE OF 2576.49 FEET TO THE  
POINT OF BEGINNING.

CONTAINING 114.57 ACRES  
MORE OR LESS.

The Town Council hereby sets a public hearing for annexation and re-zoning on June 5, 2000 at 7:00 p.m. or as soon as possible thereafter, at 24120 East Mainstreet, Parker, Colorado, and directs the Town Clerk to publish and give notice as required by state law and Town Ordinance.

Done at a regular meeting of the Parker Town Council held on April 17, 2000, and approved by a vote of 4 for and 0 against.

-s-  
Gary Lassiter, Mayor

ATTEST:

-s-  
Carol Baumgartner, Town Clerk

All persons may appear at such hearing and present evidence supporting or opposing to be determined by the governing body.

LEGAL NOTICE, FL 210  
First Publication: May 3, 2000  
Last Publication: May 31, 2000  
Publisher: The Douglas County News  
Parker, Colorado