SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: 6/20/13 B.M. PCB 2007-095 James Hamilton, R.A. E.O.R. Energy, LLC 14 Lakeside Lane 	A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Description of the State of Delivery Address below: No No
Denver, CO 80212	3. Service Type
l control of the cont	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
4	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 4360	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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Denver, CO 80212	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 4346	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	