SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mallpiece, or on the back if space permit. Write "Return Receipt Requested" on the mallpiece below the article was delivered and delivered. 3. Article Addressed to:	can return this does not a number.	I also wish to receive the following services (for an extra fee): 1.	rn Receipt Service.
JATO Operating Two Corp. Mr. Andrew R. Newell 6200 South Syracuse Way, Suite 200 Greenwood Village CO 80111-4739 PS C-OI-QUIQ-PAA-TX 6. Signature: (Addressee or Agent) X Clando Inch PS Form 3811, December 1994	7. Date of E 8. Addresse and fee	ed Certified Mail Insured eceipt for Merchandise COD Deliver DEC 2 6 ee's Address (Only if requested	Thank you for using Return

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