



380 Airport Road  
Durango, Colorado 81303

November 5, 2015

James & Jean M Etzler  
10238 State HWY 172  
Ignacio, CO 81137

**Via Certified Mail**

Re: **Notice of Intent to Conduct Oil and Gas Operations**  
Anderson C 2 & 3 wells  
NESW Sec 24, T34N, R8W N.M.P.M.  
La Plata County, Colorado

To Whom It May Concern:

In accordance with the Colorado Oil and Gas Conservation Commission ("COGCC") Rule 305.a.(2), BP America Production Company ("BP") hereby provides notice that a permit to conduct Oil and Gas operations relating to the above wells is being sought by BP. You are receiving this notice because you are the owner of a Building Unit within one thousand feet of the proposed wells and associated production facilities.

BP is planning to commence operations on the wells in 1Q2016. You may request a meeting with BP to discuss the proposed operation by contacting Kiki Moseley, BP's representative at (970) 247-6822, or you may request a meeting with the Local Government Designee for La Plata County:

Damian Peduto  
La Plata County Planning Department  
1060 East 2<sup>nd</sup> Ave  
Durango, CO 81301  
Email: damian.peduto@co.laplata.co.us  
(970) 382-6263

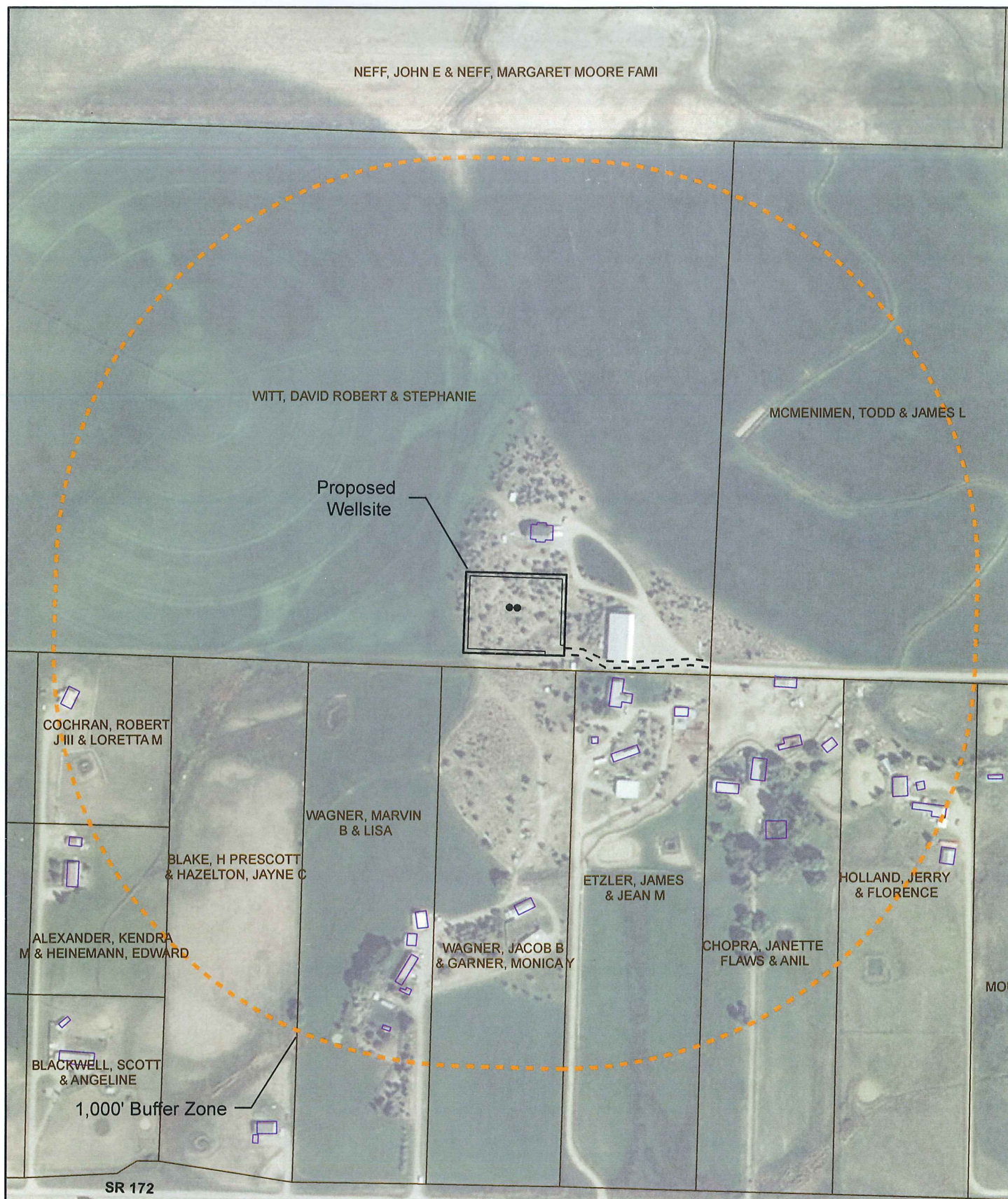
A "Notice of Comment Period" will also be sent to you pursuant to COGCC Rule 305.c. when the public comment period commences.

Sincerely,

Patti Campbell  
BP America Production Company  
Regulatory Analyst, San Juan North

Attachment: Landowner map/1000' Buffer





#### Legend

- Proposed Well
- Buffer Zone 1,000 ft
- Structure Footprints
- La Plata County Parcel

LAND TYPE: FEE  
 LAT: 37.173429 N  
 LONG: -107.67237 W  
 NE¼SW¼ SEC 24, T34N R 08W

1:4,000

0 305 610 Feet



DISCLAIMER: This general arrangement drawing (GAD) has been generated for a preliminary discussion of a proposed access road, pipeline, drillsite or other type of facility. The location and arrangement thereof are approximate and subject to change at any time, whether due to on-the-ground surveys, regulatory requirements or (without limitation) other factors. Reclamation plans do not reflect cut and fill slopes and are subject to change as data is acquired. This GAD is confidential and its duplication or distribution requires written permission from BP America Production Company.

**BP America**  
 San Juan North  
 Durango, CO

### ANDERSON C 2 & 3 Landowner Notification

|           |                |        |
|-----------|----------------|--------|
| 8/17/2015 | SCALE AS NOTED | PROJ # |
| DB        | ENGINEER       | FILE   |

**La Plata County,  
 Colorado**

REV  
 0





## ANDERSON C 2 3

COGCC 1000'  
BUFFER ZONE NOTIFICATIONS

| Parcel Number | Name                                    | Mailing Address         | City            | State | Zip Code                 |
|---------------|---|-------------------------|-----------------|-------|--------------------------|
| 590324300714  | WITT, DAVID ROBERT & STEPHANIE          | 10658 ST HWY 172        | Ignacio         | CC    | 7014 2120 0002 4675 2328 |
| 590324300068  | CHOPRA, JANETTE FLAWS & ANIL            | 13 VIEWCREST CIR        | S San Francisco | CA    | 7014 2120 0002 4675 2311 |
| 590324300602  | COCHRAN, ROBERT J III & LORETTA M       | 3088 CR 510             | Ignacio         | CC    | 7014 2120 0002 4675 2304 |
| 590324300067  | ETZLER, JAMES & JEAN M                  | 10238 ST HWY 172        | Ignacio         | CC    | 7014 2120 0002 4675 2298 |
| 590324300288  | HOLLAND, JERRY & FLORENCE               | 10446 STATE HIGHWAY 172 | Ignacio         | CC    | 7014 2120 0002 4675 2281 |
| 590324300667  | WAGNER, JACOB B & GARNER, MONICA Y      | 10156 STATE HIGHWAY 172 | Ignacio         | CC    | 7014 2120 0002 4675 2274 |
| 590324300061  | WAGNER, MARVIN B & LISA                 | 10152 STATE HIGHWAY 172 | Ignacio         | CC    | 7014 2120 0001 0380 2500 |
| 590324300603  | ALEXANDER, KENDRA M & HEINEMANN, EDWARD | PO BOX 1070             | Ignacio         | C     | 7014 2120 0001 0380 2517 |

4032 5294 2000 0212 4102

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only                            |            |
|--|------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. |            |
| <b>OFFICIAL USE</b>  |            |
| IGNACIO, CO 81137  |            |
| Postage \$   | 0804 05    |
| Certified Fee  | \$2.80     |
| Return Receipt Fee (Endorsement Required)  | \$0.00     |
| Restricted Delivery Fee (Endorsement Required)   | \$0.00     |
| Total Postage & Fees \$  | 11/05/2015 |
| Sent To \$6.74<br>Robert J III & Loretta M Cochran   |            |
| Street & Apt. No., or PO Box No. 3088 CR 510   |            |
| City, State, ZIP+4 Ignacio, CO 81137   |            |
| PS Form 3800, July 2014 See Reverse for Instructions   |            |

Anderson C283

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Robert J III & Loretta M Cochran  
3088 CR 510  
Ignacio, CO 81137



9590 9403 0494 5173 1525 58

## 2. Article Number (Transfer from service label)

7014 2120 0002 4675 2304

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Laura Pargia* ☒ Agent ☐ Addressee

## B. Received by (Printed Name)

Laura Pargia 11/14/15

## C. Date of Delivery

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

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

9622 5294 2000 0212 4102

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only                            |            |
|--|------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. |            |
| <b>OFFICIAL USE</b>  |            |
| IGNACIO, CO 81137  |            |
| Postage \$   | 0804 05    |
| Certified Fee  | \$2.80     |
| Return Receipt Fee (Endorsement Required)  | \$0.00     |
| Restricted Delivery Fee (Endorsement Required)   | \$0.00     |
| Total Postage & Fees \$  | 11/05/2015 |
| Sent To \$6.74<br>James & Jean M Etzler  |            |
| Street & Apt. No., or PO Box No. 10238 State HWY 172   |            |
| City, State, ZIP+4 Ignacio, CO 81137   |            |
| PS Form 3800, July 2014 See Reverse for Instructions   |            |

Anderson C283

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

James & Jean M Etzler  
10238 State HWY 172  
Ignacio, CO 81137



9590 9403 0494 5173 1525 72

## 2. Article Number (Transfer from service label)

7014 2120 0002 4675 2298

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*Jean Etzler* ☐ Agent ☐ Addressee

## B. Received by (Printed Name)

Jean Etzler 11/9/15

## C. Date of Delivery

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

## 3. Service Type

- ☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☒ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery  
☐ Insured Mail  
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☐ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



7014 2120 0002 4675 2311

| U.S. Postal Service <sup>TM</sup>   |               |
|---|---------------|
| CERTIFIED MAIL <sup>®</sup> RECEIPT   |               |
| Domestic Mail Only  |               |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> . |               |
| SOUTH SAN FRANCISCO, CA 94080   |               |
| Postage \$5.45  | 0804 05       |
| Certified Fee \$2.80  | Postmark Here |
| Return Receipt Fee (Endorsement Required) \$0.00  |               |
| Restricted Delivery Fee (Endorsement Required) \$0.00   |               |
| Total Postage & Fees \$8.25   | 11/05/2015    |
| Sent To \$6.74  |               |
| Janette Flaws & Anil Chopra   |               |
| Street & Apt. No., or PO Box No. 13 Viewcrest Cir.  |               |
| City, State, ZIP+4 S. San Francisco, CA 94080   |               |
| PS Form 3800, July 2014 See Reverse for Instructions  |               |

Anderson C2A3

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Janette Flaws & Anil Chopra  
13 Viewcrest Circle  
S San Francisco, CA 94080



9590 9403 0494 5173 1525 41

## 2. Article Number (Transfer from service label)

7014 2120 0002 4675 2311

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Janette Chopra

☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

Janette Chopra

## C. Date of Delivery

11-13-15

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

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express <sup>®</sup>         |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail <sup>TM</sup>              |
| <input checked="" type="checkbox"/> Certified Mail <sup>®</sup>        | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation <sup>TM</sup>       |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

7014 2120 0001 0380 2517

| U.S. Postal Service <sup>TM</sup>   |               |
|---|---------------|
| CERTIFIED MAIL <sup>®</sup> RECEIPT   |               |
| Domestic Mail Only  |               |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> . |               |
| IGNACIO, CO 81137   |               |
| Postage \$3.45  | 0804 05       |
| Certified Fee \$2.80  | Postmark Here |
| Return Receipt Fee (Endorsement Required) \$0.00  |               |
| Restricted Delivery Fee (Endorsement Required) \$0.00   |               |
| Total Postage & Fees \$6.25   | 11/05/2015    |
| Sent To \$6.74  |               |
| Edward Heinemann & Kendra M Alexander   |               |
| Street & Apt. No., or PO Box No. PO Box 1070  |               |
| City, State, ZIP+4 Ignacio, CO 81137  |               |
| PS Form 3800, July 2014 See Reverse for Instructions  |               |

Anderson C2A3

## SENDER: COMPLETE THIS SECTION

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

## 1. Article Addressed to:

Edward Heinemann & Kendra Alexander  
PO Box 1070  
Ignacio, CO 81137



9590 9403 0494 5173 1525 34

## 2. Article Number (Transfer from service label)

7014 2120 0001 0380 2517

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

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kendra Alexander

☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

Kendra Alexander

## C. Date of Delivery

11/9/15

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

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express <sup>®</sup>         |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail <sup>TM</sup>              |
| <input checked="" type="checkbox"/> Certified Mail <sup>®</sup>        | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation <sup>TM</sup>       |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt



2014 2120 0002 4675 2281

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only                            |        |                  |
|--|--------|------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. |        |                  |
| OFFICIAL USE<br>IGNACIO, CO 81137  |        |                  |
| Postage \$   | 0804   | Postmark<br>Here |
| Certified Fee  | \$2.80 |                  |
| Return Receipt Fee<br>(Endorsement Required)   | \$0.00 |                  |
| Restricted Delivery Fee<br>(Endorsement Required)  | \$0.00 |                  |
| Total Postage & Fees \$  | \$0.49 |                  |
| Sent To<br>Jerry & Florence Holland<br>10446 State HWY 172<br>Ignacio, CO 81137                  |        | 11/05/2015       |
| PS Form 3800, July 2014 See Reverse for Instructions   |        |                  |

Anderson 2983

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Jerry &amp; Florence Holland<br/>10446 State HWY 172<br/>Ignacio, CO 81137</p> <p>2. Article Number (Transfer from service label)<br/>9590 9403 0494 5173 1525 65</p> | <p>A. Signature<br/>X <i>Amy Morales</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/><i>Amy Morales</i></p> <p>C. Date of Delivery<br/>11/4/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Insured Mail<br/> <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)         </p> <p> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p> |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt  |  |

2014 2120 0002 4675 2274

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only                            |        |                  |
|--|--------|------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®. |        |                  |
| OFFICIAL USE<br>IGNACIO, CO 81137  |        |                  |
| Postage \$   | 0804   | Postmark<br>Here |
| Certified Fee  | \$2.80 |                  |
| Return Receipt Fee<br>(Endorsement Required)   | \$0.00 |                  |
| Restricted Delivery Fee<br>(Endorsement Required)  | \$0.00 |                  |
| Total Postage & Fees \$  | \$0.49 |                  |
| Sent To<br>Jacob B Wagner & Monica Y Garner<br>10156 State HWY 172<br>Ignacio, CO 81137          |        | 11/05/2015       |
| PS Form 3800, July 2014 See Reverse for Instructions   |        |                  |

Anderson 2983

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Jacob B Wagner &amp; Monica Y Garner<br/>10156 State HWY 172<br/>Ignacio, CO 81137</p> <p>2. Article Number (Transfer from service label)<br/>9590 9403 0494 5173 1525 89</p> | <p>A. Signature<br/>X <i>J Wagner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/><i>J Wagner</i></p> <p>C. Date of Delivery<br/>11/4/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Insured Mail<br/> <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)         </p> <p> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p> |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt  |  |



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 IGNACIO, CO 81137

|   |        |                                |
|---|--------|--------------------------------|
| Postage   | \$3.45 | 0804<br>05<br>Postmark<br>Here |
| Certified Fee                                     | \$2.80 |                                |
| Return Receipt Fee<br>(Endorsement Required)      | \$0.00 |                                |
| Restricted Delivery Fee<br>(Endorsement Required) | \$0.00 |                                |
| Total Postage & Fees                              | \$6.74 |                                |

11/05/2015

Sent To  
 Marvin B & Lisa Wagner  
 10152 State HWY 172  
 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Marvin B & Lisa Wagner  
 10152 State HWY 172  
 Ignacio, CO 81137

2. Article Number (Transfer from service label)  
 7014 2120 0001 0380 2500

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Lisa Wagner Agent

B. Received by (Printed Name)  
 Lisa Wagner

C. Date of Delivery  
 11/05/2015

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

3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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**OFFICIAL USE**  
 IGNACIO, CO 81137

|   |        |                                |
|---|--------|--------------------------------|
| Postage   | \$3.45 | 0804<br>05<br>Postmark<br>Here |
| Certified Fee                                     | \$2.80 |                                |
| Return Receipt Fee<br>(Endorsement Required)      | \$0.00 |                                |
| Restricted Delivery Fee<br>(Endorsement Required) | \$0.00 |                                |
| Total Postage & Fees                              | \$6.74 |                                |

11/05/2015

Sent To  
 David Robert & Stephanie Witt  
 10658 State HWY 172  
 Ignacio, CO 81137

PS Form 3800, July 2014 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

David Robert & Stephanie Witt  
 10658 State HWY 172  
 Ignacio, CO 81137

2. Article Number (Transfer from service label)  
 7014 2120 0002 4675 2328

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Stephanie Witt Agent

B. Received by (Printed Name)  
 Stephanie Witt

C. Date of Delivery  
 11/06/15

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

3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt