

7005 3110 0000 3560 5479

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent to
Christine L. Horgan / Echo Satellite
 Street, Apt. No. or PO Box No. *9601 S. Meridian Blvd.*
 City, State, ZIP+4 *Englewood CO 80155*

PS Form 3800, June 2002 See Reverse for Instructions

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:
Ms Christine L. Horgan
Barclay
Echo Satellite LLC
9601 S. Meridian Blvd
Englewood, CO
80155

2. Article Number
 (Transfer from service label)

7005 3110 0000 3560 5479

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *D. WELBACH* C. Date of Delivery *01-16-07*

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

3. Service Type *TC06-191*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes