



7009 1410 0000 3287 3702
 7009 1410 0000 3287 3702

UNITED STATES POSTAGE
 02 1P \$ 005.54⁰
 0003870737 MAR 08 2010
 MAILED FROM ZIP CODE 80203

DAVE KAVENAUGH, REG MGR
 US CABLE CORPORATION
 HE Location: GOLDEN
 PO BOX 356
 JOHNSTOWN, CO 80534

US Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (No Insureds 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: DAVE KAVENAUGH, REG MGR
 US CABLE CORPORATION
 HE Location: GOLDEN
 or PO Box PO BOX 356
 City, State JOHNSTOWN, CO 80534

ENTRAVIS
 COMM



7009 1410 0000 3287 3688
 7009 1410 0000 3287 3688

UNITED STATES POSTAGE
 02 1P \$ 005.54⁰
 0003870737 MAR 08 2010
 MAILED FROM ZIP CODE 80203

MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: SOUTH SUBURBS
 434 KIMBARK
 LONGMONT, CO 80501

US Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) (No Insureds Coverage Provided)
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OFFICIAL USE

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

Sent To: MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: SOUTH SUBURBS
 or PO Box No. 434 KIMBARK
 City, State ZIP+4[®] LONGMONT, CO 80501

ENTRAVIS
 COMM

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.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
DAVE KAVENAUUGH, REG MGR US CABLE CORPORATION HE Location: GOLDEN PO BOX 356 JOHNSTOWN, CO 80534	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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 (Transfer from service label) 7009 1410 0000 3287 3702		
PS Form 3811, August 2001	Domestic Return Receipt	102595-01-M-2509

Certified Mail
 ■ A mailing receipt
 ■ A unique identifi
 ■ A record of deliv
**Important Remin
 ■ Certified Mail tr
 ■ NO INSURANCE
 ■ For an addition
 ■ For an addition
 ■ For an addition
IMPORTANT: Save
 PS Form 3800, August**

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.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
MIKE TRUEBLOOD, GM COMCAST CORPORATION HE Location: SOUTH SUBURBS 434 KIMBARK LONGMONT, CO 80501	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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 (Transfer from service label) 7009 1410 0000 3287 3689		
PS Form 3811, August 2001	Domestic Return Receipt	102595-01-M-2509

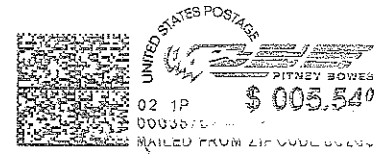


Certified Mail
 ■ A mailing receipt
 ■ A unique identifi
 ■ A record of deliv
**Important Remin
 ■ Certified Mail tr
 ■ NO INSURANCE
 ■ For an addition
 ■ For an addition
 ■ For an addition
IMPORTANT: Save
 PS Form 3800, August**

CERTIFIED MAIL



7001 1440 0004 9032 2228
7001 1440 0004 9032 2228



MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: ERIE
434 KIMBARK
LONGMONT, CO 80501

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

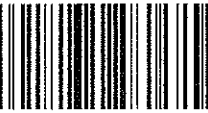
OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.54

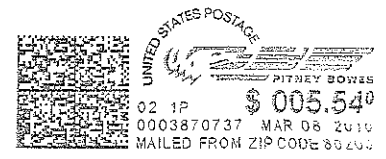
PS Form 3800
PSN
Sent To: MIKE TRUEBLOOD, GM
COMCAST CORPORATION
Street, Apt., HE Location: ERIE
or PO Box: 434 KIMBARK
City, State, ZIP: LONGMONT, CO 80501

ENTRAVI COMM

CERTIFIED MAIL



7001 1440 0004 9032 2174
7001 1440 0004 9032 2174



AMY LYNCH, GM
COMCAST CORPORATION
HE Location: ASPEN
434 KIMBARK
LONGMONT, CO 80501

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.54

PS Form 3800
PSN
Sent To: AMY LYNCH, GM
COMCAST CORPORATION
Street, Apt., HE Location: ASPEN
or PO Box: 434 KIMBARK
City, State, ZIP: LONGMONT, CO 80501

ENTRAVI COMM

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>MIKE TRUEBLOOD, GM COMCAST CORPORATION HE Location: ERIE 434 KIMBARK LONGMONT, CO 80501</p>	
<p>2. Article Number (Transfer from service label) 7001 1940 0004 9032 2228</p>	
PS Form 3811, August 2001	Domestic Return Receipt 102595-01-M-2509

To provide proof of delivery, attach a Return Receipt to cover the postage. A fee waiver for Registered Mail receipt is available. For information on the address or mailpiece with the return receipt, please present the article and mail to the addressee or mail carrier. For information on Restricted Mail, call 1-800-375-8789.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>AMY LYNCH, GM COMCAST CORPORATION HE Location: ASPEN 434 KIMBARK LONGMONT, CO 80501</p>	
<p>2. Article Number (Transfer from service label) 7001 1940 0004 9032 2174</p>	
PS Form 3811, August 2001	Domestic Return Receipt 102595-01-M-2509

To provide proof of delivery, attach a Return Receipt to cover the postage. A fee waiver for Registered Mail receipt is available. For information on the address or mailpiece with the return receipt, please present the article and mail to the addressee or mail carrier. For information on Restricted Mail, call 1-800-375-8789.

CERTIFIED MAIL



7001 1940 0004 9032 2198
7001 1940 0004 9032 2198

ENTRAV
COMM

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To: RICH JENNINGS, GM
COMCAST CORPORATION
HE Location: DENVER
1617 S ACOMA ST
DENVER, CO 80223

Signature, Title, Name,
or PO Box No.
City, State, ZIP+4

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.54⁰
0003870737 MAR 08 2010
MAILED FROM ZIP CODE 80209

RICH JENNINGS, GM
COMCAST CORPORATION
HE Location: DENVER
1617 S ACOMA ST
DENVER, CO 80223

CERTIFIED MAIL



7001 1940 0004 9032 2259
7001 1940 0004 9032 2259

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

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To: MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: GREELEY
434 KIMBARK
LONGMONT, CO 80501

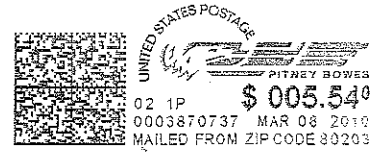
Signature, Title, Name,
or PO Box No.
City, State, ZIP+4

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.54⁰
0003870737 MAR 08 2010

MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: GREELEY
434 KIMBARK
LONGMONT, CO 80501



7001 1440 0004 9032 2181
 7001 1440 0004 9032 2181



MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: FORT COLLINS
 434 KIMBARK
 LONGMONT, CO 80501

OFFICIAL USE

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent to: MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: FORT COLLINS
 434 KIMBARK
 City, State, ZIP: LONGMONT, CO 80501

Street, Apt. No., or PO Box No.
 City, State, ZIP

PS Form 3800, 3-09



7001 1440 0004 9032 2112
 7001 1440 0004 9032 2112



LINDA BURAKOFF, SR DIR PROG &
 ACQUISITIONS
 DIRECTV, INC
 HE Location: DENVER
 2230 EAST IMPERIAL HIGHWAY
 EL SEGUNDO, CA 90245

OFFICIAL USE

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent to: LINDA BURAKOFF, SR DIR PROG &
 ACQUISITIONS
 DIRECTV, INC
 HE Location: DENVER
 2230 EAST IMPERIAL HIGHWAY
 EL SEGUNDO, CA 90245

Street, Apt. No., or PO Box No.
 City, State, ZIP

PS Form 3800, 3-09

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
MIKE TRUEBLOOD, GM COMCAST CORPORATION HE Location: FORT COLLINS 434 KIMBARK LONGMONT, CO 80501	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type
7001 1940 0004 9032 2181	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, August 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

to provide proof of delivery, attach a Return Receipt for Merchandise (RM-1000) to the Certified Mail receipt. For insured mail, attach a Return Receipt for Insured Mail (RM-1000) to the Certified Mail receipt. For registered mail, attach a Return Receipt for Registered Mail (RM-1000) to the Certified Mail receipt. For express mail, attach a Return Receipt for Express Mail (RM-1000) to the Certified Mail receipt. For certified mail, attach a Return Receipt for Certified Mail (RM-1000) to the Certified Mail receipt. For registered mail, attach a Return Receipt for Registered Mail (RM-1000) to the Certified Mail receipt. For insured mail, attach a Return Receipt for Insured Mail (RM-1000) to the Certified Mail receipt. For express mail, attach a Return Receipt for Express Mail (RM-1000) to the Certified Mail receipt. For certified mail, attach a Return Receipt for Certified Mail (RM-1000) to the Certified Mail receipt.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
LINDA BURAKOFF, SR DIR PROG & ACQUISITIONS DIRECTV, INC HE Location: DENVER 2230 EAST IMPERIAL HIGHWAY EL SEGUNDO, CA 90245	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type
7001 1940 0004 9032 2112	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, August 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

to provide proof of delivery, attach a Return Receipt for Merchandise (RM-1000) to the Certified Mail receipt. For insured mail, attach a Return Receipt for Insured Mail (RM-1000) to the Certified Mail receipt. For registered mail, attach a Return Receipt for Registered Mail (RM-1000) to the Certified Mail receipt. For express mail, attach a Return Receipt for Express Mail (RM-1000) to the Certified Mail receipt. For certified mail, attach a Return Receipt for Certified Mail (RM-1000) to the Certified Mail receipt.

CERTIFIED MAIL



7001 1940 0004 9032 2129
7001 1940 0004 9032 2129

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

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Registered Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.54

Postmark Here

Sent To
ERIN McILVAIN, GM PROGRAMMING
DISH NETWORK L.L.C.

Street, Apt. No., or PO Box No. HE Location: DENVER
9601 S. MERIDIAN BOULEVARD
City, State, ZIP+4 ENGLEWOOD, CO 80112

CERTIFIED MAIL



7001 1940 0004 9032 2136
7001 1940 0004 9032 2136

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

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Registered Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.64

Postmark Here

Sent To
DAVE KAVENAUUGH, REG MGR
US CABLE CORPORATION

Street, Apt. No., or PO Box No. HE Location: FORT COLLINS
266 BASHER DRIVE #4
City, State, ZIP+4 BERTHOUD, CO 80513

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.540
0003870737 MAR 02 2010
MAILED FROM ZIP CODE 80203

ERIN McILVAIN, GM PROGRAMMING
DISH NETWORK L.L.C.
HE Location: DENVER
9601 S. MERIDIAN BOULEVARD
ENGLEWOOD, CO 80112

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.540
0003870737 MAR 08 2010
MAILED FROM ZIP CODE 80203

DAVE KAVENAUUGH, REG MGR
US CABLE CORPORATION
HE Location: FORT COLLINS
266 BASHER DRIVE #4
BERTHOUD, CO 80513

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>ERIN McILVAIN, GM PROGRAMMING DISH NETWORK L.L.C. HE Location: DENVER 9601 S. MERIDIAN BOULEVARD ENGLEWOOD, CO 80112</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7001 1940 0004 9032 2129</p>	
PS Form 3811, August 2001	Domestic Return Receipt 102595-01-M-2509

to provide proof of delivery, attach a Return Receipt to cover the article. The Return Receipt (RM-1000) must be attached to the Certified Mail receipt. If the addressee or mailpiece with the signature is not present, the article will be returned to the sender. For an inquiry, call 1-800-375-8299.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>DAVE KAVENAUUGH, REG MGR US CABLE CORPORATION HE Location: FORT COLLINS 266 BASHER DRIVE #4 BERTHOUD, CO 80513</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7001 1940 0004 9032 2136</p>	
PS Form 3811, August 2001	Domestic Return Receipt 102595-01-M-2509

to provide proof of delivery, attach a Return Receipt to cover the article. The Return Receipt (RM-1000) must be attached to the Certified Mail receipt. If the addressee or mailpiece with the signature is not present, the article will be returned to the sender. For an inquiry, call 1-800-375-8299.



7001 1940 0004 9032 2143
7001 1940 0004 9032 2143

OFFICIAL USE

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

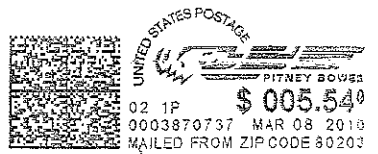
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Postmark Here

Sent To: LINDA FONDACARO, MGR
QWEST BROADBAND SERVICES, INC

Street, Apt. No., HE Location: LITTLETON
or PO Box No. 700 W MINERAL AVENUE
City, State, Zip: LITTLETON, CO 80120

PS Form 3800, 1-2001



LINDA FONDACARO, MGR
QWEST BROADBAND SERVICES, INC
HE Location: LITTLETON
700 W MINERAL AVENUE
LITTLETON, CO 80120

CERTIFIED MAIL



7001 1940 0004 9032 2150
7001 1940 0004 9032 2150

OFFICIAL USE

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

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Postmark Here

Sent To: LINDA FONDACARO, MGR
QWEST BROADBAND SERVICES, INC

Street, Apt. No., HE Location: RIDGE GATE
or PO Box No. 700 W MINERAL AVENUE
City, State, Zip: LITTLETON, CO 80120

PS Form 3800, 1-2001



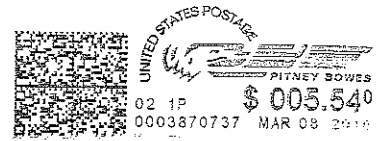
LINDA FONDACARO, MGR
QWEST BROADBAND SERVICES, INC
HE Location: RIDGE GATE
700 W MINERAL AVENUE
LITTLETON, CO 80120

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
LINDA FONDACARO, MGR QWEST BROADBAND SERVICES, INC HE Location: LITTLETON 700 W MINERAL AVENUE LITTLETON, CO 80120	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 (Transfer from service label) 7001 1940 0004 9032 2143		
PS Form 3811, August 2001	Domestic Return Receipt	102595-01-M-2509

To provide proof of delivery and attach a Return Receipt to cover the cost of postage, use a Certified Mail receipt or Registered Mail receipt. For more information, visit us online at www.usps.com.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
LINDA FONDACARO, MGR QWEST BROADBAND SERVICES, INC HE Location: RIDGE GATE 700 W MINERAL AVENUE LITTLETON, CO 80120	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 (Transfer from service label) 7001 1940 0004 9032 2150		
PS Form 3811, August 2001	Domestic Return Receipt	102595-01-M-2509

To provide proof of delivery and attach a Return Receipt to cover the cost of postage, use a Certified Mail receipt or Registered Mail receipt. For more information, visit us online at www.usps.com.



RICH JENNINGS, GM
COMCAST CORPORATION
HE Location: BOULDER
1617 S ACOMA ST
DENVER, CO 80223



OFFICIAL USE

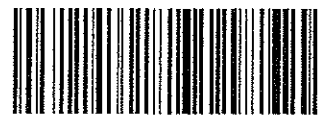
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Certified Fee	
Postage	\$
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.54

Postmark Here

Sent To RICH JENNINGS, GM
COMCAST CORPORATION
HE Location: BOULDER
1617 S ACOMA ST
City, State, ZIP DENVER, CO 80223

PS Form 3800



OFFICIAL USE

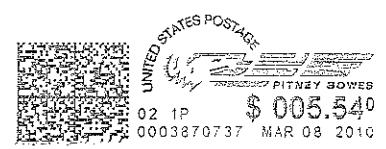
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Certified Fee	
Postage	\$
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.54

Postmark Here

Sent To MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: GENESEE
434 KIMBARK
City, State, ZIP LONGMONT, CO 80501

PS Form 3800



MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: GENESEE
434 KIMBARK
LONGMONT, CO 80501

CERTIFIED MAIL



7001 1940 0004 9032 2242
7001 1940 0004 9032 2242

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.540
0003870737 MAR 08 2010

ENTRAVIA
COMM

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Registered Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.54

Postmark Here

OFFICIAL USE
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance coverage provided)

AMY LYNCH, GM
COMCAST CORPORATION
HE Location: GRANBY
1 METCALF ROAD
AVON, CO 81620

CERTIFIED MAIL



7001 1940 0004 9032 2211
7001 1940 0004 9032 2211

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 005.540
0003870737 MAR 08 2010
MAILED FROM ZIP CODE 80223

ENTRAVIA
COMM

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Registered Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.54

Postmark Here

OFFICIAL USE
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance coverage provided)

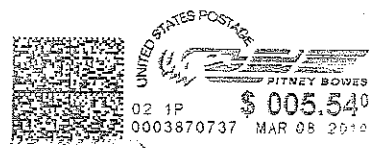
RICH JENNINGS, GM
COMCAST CORPORATION
HE Location: DENVER
1617 S. ACUMA ST
DENVER, CO 80223

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>AMY LYNCH, GM COMCAST CORPORATION HE Location: GRANBY 281 METCALF ROAD AVON, CO 81620</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 1940 0004 9032 2242</p>	
PS Form 3811, August 2001	Domestic Return Receipt 102595-01-M-2509

If or Priority Mail
 mail.
 Certified Mail, For
 provide proof of
 not attach a Return
 stamp to cover the
 we a fee waiver for
 ed Mail receipt is
 the addressee or
 mailpiece with the
 e present the arti-
 the Certified Mail
 and mail.
 ing an inquiry.
 2595-01-01-2425

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>RICH JENNINGS, GM COMCAST CORPORATION HE Location: DENVER 1617 S. ACUMA ST DENVER, CO 80223</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7001 1940 0004 9032 2211</p>	
PS Form 3811, August 2001	Domestic Return Receipt 102595-01-M-2509

If or Priority Mail
 mail.
 Certified Mail, For
 provide proof of
 not attach a Return
 stamp to cover the
 we a fee waiver for
 ed Mail receipt is
 the addressee or
 mailpiece with the
 e present the arti-
 the Certified Mail
 and mail.
 ing an inquiry.
 2595-01-01-2425



7001 1940 0004 9032 2266
7001 1940 0004 9032 2266

MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: LONGMONT
434 KIMBARK ST
LONGMONT, CO 80501

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.54

Postmark Here

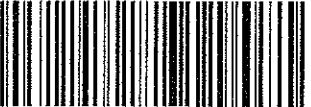
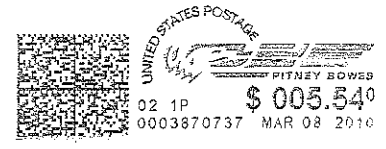
Sent to: MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: LONGMONT
434 KIMBARK ST
LONGMONT, CO 80501

Street, Apt. #, HE Location: LONGMONT
or PO Box No. 434 KIMBARK ST
City, State, ZIP, LONGMONT, CO 80501

PS Form 3800

ENTRAV.COM

CERTIFIED MAIL



7001 1940 0004 9032 2280
7001 1940 0004 9032 2280

MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: NORTH SUBURBS
434 KIMBARK
LONGMONT, CO 80501

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

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	5.54

Postmark Here

Sent to: MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: NORTH SUBURBS
434 KIMBARK
LONGMONT, CO 80501

Street, Apt. #, HE Location: NORTH SUBURBS
or PO Box No. 434 KIMBARK
City, State, ZIP, LONGMONT, CO 80501

PS Form 3800

ENTRAV.COM

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
MIKE TRUEBLOOD, GM COMCAST CORPORATION HE Location: LONGMONT 434 KIMBARK ST LONGMONT, CO 80501	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 1940 0004 9032 2266	

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

To provide proof of delivery, return this card to the addressee on the mailpiece with the Certified Mail receipt. For information on Restricted Delivery, call 1-800-375-8789.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
MIKE TRUEBLOOD, GM COMCAST CORPORATION HE Location: NORTH SUBURBS 434 KIMBARK LONGMONT, CO 80501	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 1940 0004 9032 2280	

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

To provide proof of delivery, return this card to the addressee on the mailpiece with the Certified Mail receipt. For information on Restricted Delivery, call 1-800-375-8789.



7001 1940 0004 9032 2273
 7001 1940 0004 9032 2273



MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: LOVELAND
 434 KIMBARK
 LONGMONT, CO 80501

OFFICIAL USE

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

Package	Postage \$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To: MIKE TRUEBLOOD, GM
 COMCAST CORPORATION

Street, Apt. No., or PO Box No.: HE Location: LOVELAND
 434 KIMBARK

City, State, ZIP: LONGMONT, CO 80501

CERTIFIED MAIL



7001 1940 0004 9032 2297
 7001 1940 0004 9032 2297



MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: RIFLE
 434 KIMBARK
 LONGMONT, CO 80501

ENTRAVI

OFFICIAL USE

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

Package	Postage \$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To: MIKE TRUEBLOOD, GM
 COMCAST CORPORATION

Street, Apt. No., or PO Box No.: HE Location: RIFLE
 434 KIMBARK

City, State, ZIP: LONGMONT, CO 80501



7001 1940 0004 9032 2310
 7001 1940 0004 9032 2310

UNITED STATES POSTAGE
 02 1P \$ 005.540
 0003870737 MAR 08 2010
 MAILED FROM ZIP CODE 80203

DAVE KAVENAUGH, REG MGR
 US CABLE CORPORATION
 HE Location: PLATTEVILLE
 PO BOX 356
 JOHNSTOWN, CO 80534

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To DAVE KAVENAUGH, REG MGR
Street, Apt. No., or PO Box # US CABLE CORPORATION
HE Location: PLATTEVILLE
PO Box 356
City, State, ZIP JOHNSTOWN, CO 80534

ENTRAV
 .COM

CERTIFIED MAIL



7001 1940 0004 9032 2303
 7001 1940 0004 9032 2303

UNITED STATES POSTAGE
 02 1P \$ 005.540
 PITNEY BOWES

MIKE TRUEBLOOD, GM
 COMCAST CORPORATION
 HE Location: SILT
 434 KIMBARK
 LONGMONT, CO 80501

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

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To MIKE TRUEBLOOD, GM
Street, Apt. No., or PO Box No. COMCAST CORPORATION
HE Location: SILT
434 KIMBARK
City, State, ZIP LONGMONT, CO 80501

DS Form 3801 January 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DAVE KAVERNAUGH, REG MGR US CABLE CORPORATION HE Location: PLATTEVILLE PO BOX 356 JOHNSTOWN, CO 80534		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7001 1940 0004 9032 2310		<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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-01-M-2509	

102595-01-M-2425
 To provide proof of delivery, attach a Return Receipt to cover the mail. For Registered Mail, attach a Return Receipt for Registered Mail receipt. If the addressee or mailpiece with the mail is present, the addressee or mailpiece with the mail and mail receipt may be used for Certified Mail. For an inquiry, call 1-800-375-8789.

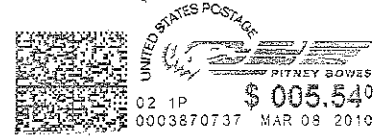
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
MIKE TRUEBLOOD, GM COMCAST CORPORATION HE Location: SILT 434 KIMBARK LONGMONT, CO 80501		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7001 1940 0004 9032 2303		<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.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-01-M-2509	

102595-01-M-2425
 To provide proof of delivery, attach a Return Receipt to cover the mail. For Registered Mail, attach a Return Receipt for Registered Mail receipt. If the addressee or mailpiece with the mail is present, the addressee or mailpiece with the mail and mail receipt may be used for Certified Mail. For an inquiry, call 1-800-375-8789.

CERTIFIED MAIL



7001 1940 0004 9032 2235
7001 1940 0004 9032 2235



MIKE TRUEBLOOD, GM
COMCAST CORPORATION
HE Location: GLENWOOD SPRINGS
434 KIMBARK
LONGMONT, CO 80501

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance coverage provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (endorsement required)	
Restricted Delivery Fee (endorsement required)	
Total Postage & Fees	\$ 5.54

Postmark
Here

Sent to: MIKE TRUEBLOOD, GM
COMCAST CORPORATION
Street, Apt. No.,
or PO Box No. HE Location: GLENWOOD SPRINGS
434 KIMBARK
City, State, ZIP+4 LONGMONT, CO 80501

PS Form 3800, 10/01

