

UNITED STATES POSTAL SERVICE



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• Sender: Please print your name, address, and ZIP+4 in this box •

Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Jerry Wickham

2018
10/3
11:04

2018



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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>C Hall</i></p>	
	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 10-03</p>
<p>1. Article Addressed to:</p> <p>Mr. Mark Hall Encinal 14th Street LLC 1855 Olympic Blvd. #250 Walnut Creek, CA 94596</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label)</p> <p>7002 2030 0006 9574 1884</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 2018 102595-02-M-1540</p>		