

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

7009 2820 0001 4359 8785

Postage	\$	
Certified Fee		0000
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: **WINTZEN, INC.**
ATTN: JACON WARREN
6601 SHELLMOUNT STREET
EMVERYVILLE, CA 94608

Send
 Street
 or P.O.
 City,
 PS Form 3811, February 2004

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:

WINTZEN, INC.
ATTN: JACON WARREN
6601 SHELLMOUNT STREET
EMVERYVILLE, CA 94608

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 8785

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name)
SKYCE M. SPAN
- C. Date of Delivery
8-10-15
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes