

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 \$	
Certified Fee	000043
Return Receipt Fee (Endorsement Required)	000042
Restricted Delivery Fee (Endorsement Required)	
Total P.	

Sent To
 Street, A, or PO Box
 City, State

GRIFFIN CAPITAL (SHELLMOUND)
 INVESTORS LLC. ET AL
 ATTN: JULIE TREINEN
 6601 - 6603 BAY STREET
 EMERYVILLE, CA 94608

PS Form 3811, February 2004

7009 2820 0001 4359 8778

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:

GRIFFIN CAPITAL (SHELLMOUND)
 INVESTORS LLC. ET AL
 ATTN: JULIE TREINEN
 6601 - 6603 BAY STREET
 EMERYVILLE, CA 94608

2. Article Number
(Transfer from service lab)

7009 2820 0001 4359 8778

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (*Printed Name*)
 KYE MCGRAW

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 Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

Domestic Return Receipt

102595-02-M-1540