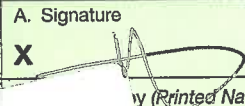


7011 3500 0003 1935 2082

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 6655 HOLLIS OWNER LLC
 C/O CHRIS FREISE
 222 KEARNY STREET, SUITE 600
 SAN FRANCISCO, CA 94108
 Ser. /
 Street, Apt. or PO Box N.
 City, State, ZIP+
 PS Form 3800, August 2006 See Reverse for Instructions

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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 mail or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> X 	
1. Article Number 6655 HOLLIS OWNER LLC C/O CHRIS FREISE 222 KEARNY STREET, SUITE 600 SAN FRANCISCO, CA 94108		B. Recipient Name (Printed Name) FUNZ	
2. Article Number (Transfer from service label) 7011 3500 0003 1935 2082		C. Date of Delivery Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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