

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website at www.usps.com

7009 2820 0001 4359 6699

OFFICE

Postage \$ _____

Certified For _____

Return Receipt (Endorsement) _____

Restricted Delivery (Endorsement) _____

Postmark Here

000066

SHAHRAM AZIMI
 1700 POWELL STREET
 EMERYVILLE, CA 94608

City, State, ZIP+4®

PS Form 3800, August 2006 See Reverse for Instructions

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"/> <i>h s</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>Ken Tabrizi</i>	C. Date of Delivery <i>10/27/16</i>
SHAHRAM AZIMI 1700 POWELL STREET EMERYVILLE, CA 94608		Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
		<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	
		7009 2820 0001 4359 6699	