

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at www.usps.com

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt For (Endorsement Required) _____
 Restricted Delivery (Endorsement) _____
 To: _____
 Street or P.O. Box _____
 City, State, ZIP+4® _____

DELTA FAIR
 1700 POWELL STREET
 EMERYVILLE, CA 94608
 ATTN: SHAWN AZIMI

Postmark Here

7009 2820 0001 4359 6682

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee		
	B. Received by (Printed Name) KEN TABRIZI	C. Date of Delivery 10/27/16	
	Address different from item 1? <input type="checkbox"/> Yes If different, delivery address below: <input type="checkbox"/> No		
DELTA FAIR 1700 POWELL STREET EMERYVILLE, CA 94608 ATTN: SHAWN AZIMI			
3. Service Type <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.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
2. Article Number (Transfer from service label) 7009 2820 0001 4359 6682			