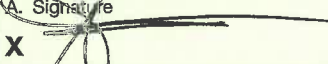


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 5/6/16
NEIL AND DIANE GOODHUE, EDWARD PLANT 3RD 300 HILLSIDE AVENUE PIEDMONT, CA 94611	address different from item 1? <input type="checkbox"/> Yes If yes, after 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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7009 2820 0001 4359 9645	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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

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OFFICIAL USE

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

NEIL AND DIANE GOODHUE, EDWARD PLANT 3RD
 300 HILLSIDE AVENUE
 PIEDMONT, CA 94611

4359 9645 7009 2820 0001