

UNITED STATES POSTAL SERVICE



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**RECEIVED**

Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

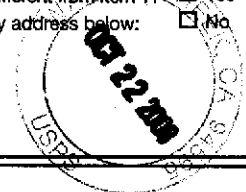
OCT 23 2008

Attn: Barbara, RO # 182

ENVIRONMENTAL HEALTH SERVICES



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature x <i>Donald Rosenberg</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DONALD ROSENBERG</i></p> <p>C. Date of Delivery <i>OCT 23 2008</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>DONALD ROSENBERG 2740 PTARMIGAN DRIVE WALNUT CREEK, CA 94595-3121</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type  <input 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.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)    <b>7002 2030 0006 9574 2492</b></p>	



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ENVIRONMENTAL HEALTH SERVICES

OCT 22 2008

RECEIVED

Environmental Health Services  
Environmental Protection  
181 Harbor Bay Parkway  
Alameda, CA 94502-6577  
Attn: Barbara, RO # 182

RO182

**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:

**LLOYD W. KENDALL JR  
EXCHANGE SUPPORT SERVICES  
555 12<sup>TH</sup> STREET, SUITE 1280  
OAKLAND, CA 94607**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 2515

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

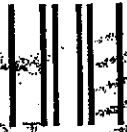
B: Received by (Printed Name) C. Date of Delivery

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

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22 OCT 2008 PM 10 T

• Sender: Please print your name, address, and ZIP+4 in this box •

Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
Attn: Barbara, RO# 182

RECEIVED  
OCT 22 2008  
ENVIRONMENTAL HEALTH SERVICES  
RO#182

+8540



**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:

**EDWARD HEMMAT  
3840 SAN PABLO AVENUE  
EMERYVILLE, CA 94608**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 2539

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*X [Signature]*

B. Received by (Printed Name)  Agent  
*ATA*  Addressee

C. Date of Delivery  
*10/21*

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

**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:

**MEHRDAD DOKHANCHY  
3840 SAN PABLO AVENUE  
EMERYVILLE, CA 94608**

2. Article number (if any):

PS F

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) **ATA** C. Date of Delivery **10/21**

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

102595-02-M-1540

UNITED STATES POSTAL SERVICE  
MAIL SERVICES



First Class Mail  
 Postage & Fees Paid  
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 Permit No. 640

80078 OCT 2008 PM 10 L

• Sender: Please print your name, address, and ZIP+4 in this box •

**Environmental Health Services  
 Environmental Protection  
 1131 Harbor Bay Parkway  
 Alameda, CA 94502-6577  
 Attn: Barbara, RO # 182**

R0182



UNITED STATES POSTAL SERVICE

First Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

21 OCT 2008 PM 6 L

• Sender: Please print your name, address, and ZIP+4 in this box.

Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
Attn: Barbara, RO # 16

RECEIVED  
OCT 22 2008  
ENVIRONMENTAL HEALTH SERVICE

RO182



**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:

**JACKY LI  
AWARD MOTORS INC  
210 SCENIC AVENUE  
PIEDMONT, CA 94611-9417**

2. Article Number

(Transfer from service label)

7002 2030 0006 9574 2522

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Sony Lee*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/21

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