

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>Delivered by (Printed Name) JACK TRAN C. Date of Delivery 6/11/17</p>
<p>1. Article Addressed to:</p> <p><i>Van H Tran Trust 390 8th Street, #102 Oakland, CA 94607</i></p>	<p>Delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>After delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2870 0001 3244 2553</p>	
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at usps.com

OFFICE

Postage \$ _____
Certified Fee _____

Return Receipt * (Endorsement Required) _____
Restricted Delivery (Endorsement) _____

Postmark Here

*Van H Tran Trust
390 8th Street, #102
Oakland, CA 94607*

7014 2870 0001 3244 2553

000196

PS Form 3800, July 2014 See Reverse for Instructions