

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

For delivery information, visit our website

**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_

Return Receipt For (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery (Endorsement) \_\_\_\_\_

7014 2870 0001 3244 0566

BRUCE A, BARTON G & PATRICIA BURROWS ET AL  
 286 GLORIETTA BLVD.  
 ORINDA, CA 94563

000247

PS Form 3800, July 2014 See Reverse for Instructions

**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 Number**  
 (Transfer from service label)

7014 2870 0001 3244 0566

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*

B. Received by (Printed Name)  
 PATRICIA BURROWS

C. Date of Delivery  
 1/24/17

Agent  
 Addressee

Address different from item 1?  Yes  
 Delivery address below:  No

3. Service Type  
 Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013 Domestic Return Receipt