

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

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

OFFICIAL USE

7009 2820 0001 4359 6057

Postage	\$	000251 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: _____
 Send _____
 Street or P.O. _____
 City _____
 State _____
 ZIP+4® _____

ARTHUR YU & KEVIN MA
411 WEST MACARTHUR BLVD.
OAKLAND, CA 94609

PS Form 3811, February 2004 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 _____

000251

ARTHUR YU & KEVIN MA
 411 WEST MACARTHUR BLVD
 OAKLAND, CA 94609

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 10-25

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7009 2820 0001 4359 6057

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540