

7011 3500 0003 1848 1769

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

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

Postmark
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C/O NICK GOYAL
AU ENERGY LLC
41805 ALBRAE ST 2ND FL
FREMONT, CA 94538-3120

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 checked="" type="checkbox"/> <i>Amy Galbraith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
	B. Received by (Printed Name) <i>Amy Galbraith</i>	C. Date of Delivery <i>7/31/17</i>	
	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No		
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <p>C/O NICK GOYAL AU ENERGY LLC 41805 ALBRAE ST 2ND FL FREMONT, CA 94538-3120</p> </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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) **7011 3500 0003 1848 1769**

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31 JUL 17
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Alameda County CC4530
Dept. of Environmental Health
1131 Harbor Bay Pkwy. Room 250
Alameda, CA 94502-6577

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PARISH KHATEJI

