

SENDER: COMPLETE THIS SECTION

SECTION ON DELIVERY

- 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.

Agent
 Addressee

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

1. Recipient's address:
 7225 Bancroft Street LP
 c/o The Najdawi 2009 Trust
 5 Kingswood Circle
 Hillsborough, CA 94010

Address different from item 1? Yes
 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

2. Article Number (Transfer from service label) **7014 2870 0001 3382 2859**

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

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

OFFICIAL

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

7225 Bancroft Street LP
 c/o The Najdawi 2009 Trust
 5 Kingswood Circle
 Hillsborough, CA 94010

000274

Str. _____
 or P.O. _____
 City, St. _____

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 3382 2859