

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

For delivery information, visit our website at usps.com

7014 2120 0000 5558 9917

OFFICE

Postage \$ _____
 Certified Fee \$ _____

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

To: _____

Street or P.O. Box _____
 City, State, ZIP+4® _____

Postmark Here
 000284

FWS HIGHLANDS LLC
 99 S HILL DRIVE
 BRISBANE, CA 94005

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) _____

C. Date of Delivery
 11-20-17

FWS HIGHLANDS LLC
 99 S HILL DRIVE
 BRISBANE, CA 94005

Address different from item 1? Yes No
 delivery address below: _____

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 2120 0000 5558 9917