

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 RECEIPT

7009 2820 0001 4359 9690

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

CELLI FAMILY PARTNERSHIP ET. AL. AND JEAN WILLIS
 C/O RICHARD COCHRAN
 PO BOX 20327
 OAKLAND, CA 94620

Street or P.O. Box
 City, State

000308

PS Form 3800, August 2006

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.

CELLI FAMILY PARTNERSHIP ET. AL. AND JEAN WILLIS
 C/O RICHARD COCHRAN
 PO BOX 20327
 OAKLAND, CA 94620

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Richard Cochran 7-6-16

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

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 9690

PS Form 3811, July 2013

Domestic Return Receipt