

7009 2820 0001 4359 8617

U.S. Postal ServiceTM
CERTIFIED MAILTM 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)	
Total Postage & Fees	\$

9/2
Postmark
Here
R0323

Send
Street
or P.O.
Box
City, State
and ZIP+4[®]

PS

FAITH & FERDA TEKIN
121 DIAMOND COURT
HERCULES, CA 94547

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 Addressed to:

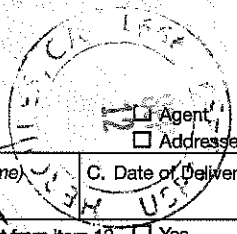
FAITH & FERDA TEKIN
121 DIAMOND COURT
HERCULES, CA 94547

A. Signature
X *[Signature]*

B. Received by (Printed Name)
Faith Tekin

C. Date of Delivery
SEP 2 2004

D. Is delivery address different from item 1? Yes
If YES, enter 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) 7009 2820 0001 4359 8617