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Eastmont Oakland Associates LLC
 c/o TPF VI REIT
 825 Third Ave., 36th Floor
 New York, NY 10022-7519
 Attn: Scott Schonfeld

7011 3500 0003 1934 7538

PS Form 3800, August 2006 See Reverse for Instructions

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 envelope. 	<p>A. Signature <i>Ky Lee</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>by (Printed Name) <i>K. Lee</i> C. Date of Delivery <i>12/12/16</i></p> <p>address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>per delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>KL</i></p>
<p>Eastmont Oakland Associates LLC c/o TPF VI REIT 825 Third Ave., 36th Floor New York, NY 10022-7519 Attn: Scott Schonfeld</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7011 3500 0003 1934 7538</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	