

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website at usps.com

7011 3500 0003 1934 7545

OFFICE

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Fee) _____
 Restricted Delivery (Endorsement Fee) _____
 Title _____

Postmark Here

000356

Eastmont Oakland Associates LLC & BDE ETC LLC
 825 Third Ave.
 New York, NY 10022
 Attn: James Paul

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 mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>James Paul</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Recipient Name and Address Eastmont Oakland Associates LLC & BDE ETC LLC 825 Third Ave. New York, NY 10022 Attn: James Paul		B. Received by (Printed Name) <i>K. Lee</i>	C. Date of Delivery 12/12/16
		Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No <i>[Signature]</i>	
		<input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 3500 0003 1934 7545	

PS Form 3811, July 2013 Domestic Return Receipt