

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

7011 3500 0003 1934 7552

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement P) _____
 Restricted (Endorsement) _____

Eastmont Town Center Company LLC
 7200 Bancroft Ave., Suite 1
 Oakland, CA 94605-2413
 Attn: Ting Liu

Mark Here
 000356

Street or PO Box _____
 City, State _____

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Steve A. Gu</u></p> <p>C. Date of Delivery <u>12/14/16</u></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No delivery address below:</p>
<p>Eastmont Town Center Company LLC 7200 Bancroft Ave., Suite 1 Oakland, CA 94605-2413 Attn: Ting Liu</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input 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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 3500 0003 1934 7552</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>

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