

7014 2870 0001 3244 0245

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \$ \_\_\_\_\_

Return Receipt Form (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery (Endorsement Required) \_\_\_\_\_

Mark Here

**Cypress Property  
 1120 Nye Street, #929  
 San Rafael, CA 94901-6102**

**000378**

City, State, and ZIP+4® \_\_\_\_\_  
 City, State \_\_\_\_\_

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>S. Schaeffer</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. Schaeffer</i> C. Date of Delivery <i>7/29/14</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>or delivery address below: _____</p>
<p><b>Cypress Property -          1120 Nye Street, #929          San Rafael, CA 94901-6102</b></p>	<p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input checked="" 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 <input checked="" type="checkbox"/> No</p>
<p>2. Article Number <b>7014 2870 0001 3244 0245</b>          (Transfer from service label)</p>	<p>PS Form 3811, July 2013 Domestic Return Receipt</p>