

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)  
 For delivery information visit [usps.com](http://usps.com)

7009 2820 0001 4359 5432

OFFICE

Postage

Certifier

Return F (Endorser)

Res (Er)

Postmark Here

MFC-OP  
 1120 Nye Street  
 San Rafeel, CA 94901-6102

000378

PS Form 3800, August 2006 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. Schaffner</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Addressee Name <i>S. Schaffner</i> (Printed Name)</p> <p>C. Date of Delivery <i>6/29/16</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Delivery address below: _____</p>
<p>1. Article Addressed to: _____</p> <p>MFC-OP            1120 Nye Street            San Rafeel, CA 94901-6102</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>7009 2820 0001 4359 5432</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	