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7014 2870 0001 3244 0238

**OFFICE**

Postage \$ \_\_\_\_\_  
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Return Receipt® (Endorsement Re...  *mark Here*  
 Restricted (Endorse...

2855 Mandela LLC  
 c/o: Balco Properties, Ltd., LLC  
 1624 Franklin Street, Suite 310  
 Oakland, CA 94612-2822  
 Attn: Mr. Reed Westphal

000378

Street or PO Box \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>E. Is delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>2855 Mandela LLC          c/o: Balco Properties, Ltd., LLC          1624 Franklin Street, Suite 310          Oakland, CA 94612-2822          Attn: Mr. Reed Westphal</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 type="checkbox"/> No</p>
<p>7014 2870 0001 3244 0238</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	