



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

**CHARLES ROBITAILLE
ASPIRE PUBLIC SCHOOLS
1001 22ND AVENUE
OAKLAND, CA 94606**

2. Article Number

(Transfer from service label)

7002 2030 0006 9574 2423

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Nicole Henderson* C. Date of Delivery *10/8/08*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED

OCT 10 2008

ENVIRONMENTAL HEALTH SERVICES

• Sender: Please print your name, address, and ZIP+4 in this box •

**Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
Attn: Paresh, RO#411**



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1. Article Addressed to:

**C/O RICHARD R. ANDERSON
MODAD PROPERTIES, LLC
561 4TH STREET
OAKLAND, CA 94607-3558**

2. Article Number

(Transfer from service label)

7002 2030 0006 9574 2416

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery *10/8/08*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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