

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

7009 2820 0001 4359 5470

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery (Endorsement) _____

To: _____

Street or PO _____
 City, State _____

Gerald C Kratz Tr
 876 Rosemont Rd.
 Oakland, CA 94610

000455

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, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Gerald C Kratz</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Gerald C Kratz Tr 876 Rosemont Rd. Oakland, CA 94610	B. Received by (Printed Name)	C. Date of Delivery
	address different from item 1? <input type="checkbox"/> Yes other delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	<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	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 2820 0001 4359 5470		
PS Form 3811, July 2013 Domestic Return Receipt		