

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit our website at www.usps.com

OFFICE

Postage \$ _____
 Certified Fee \$ _____

Return Receipt* (Endorsement Re) _____
 Restricted Mail (Endorsement) _____

Postmark Here

7011 3500 0003 1848 1516

KEWAL SINGH
 C/O CORWOOD CARWASH
 6973 VILLAGE PARKWAY
 DUBLIN, CA 94568-2405

002432

Sent _____
 Street, Apt. or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

KEWAL SINGH
 C/O CORWOOD CARWASH
 6973 VILLAGE PARKWAY
 DUBLIN, CA 94568-2405

Registered Mail® Priority Mail Express™
 Insured Mail Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0003 1848 1516

PS Form 3811, July 2013 Domestic Return Receipt