

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

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

OFFICIAL USE

7009 2820 0001 4359 5852

Postage	\$	SEP 19
Certified Fee		002456
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here




City of Oakland
 c/o: Odili Ojukwu
 250 Frank Ogawa Plaza, Suite 5301
 Oakland, CA 94612

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:


 City of Oakland
 c/o: Odili Ojukwu
 250 Frank Ogawa Plaza, Suite 5301
 Oakland, CA 94612

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 5852

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)  C. Date of Delivery 9/23/09

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