

7009 2820 0001 4359 5319

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark  
Here

002903

Sent To  
Street, Apt.  
or PO Box  
City, State

Danilo Mayorga  
5305 E. 12 Street  
Oakland, CA 94601

PS Form 3811

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.

1. Article Addressed to:

Danilo Mayorga  
5305 E. 12 Street  
Oakland, CA 94601

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Maria Elena R.*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*8/15*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7009 2820 0001 4359 5319

PS Form 3811, July 2013

Domestic Return Receipt