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ENVIRONMENTAL HEALTH SERVICES

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

Environmental Health Services
Environmental Protection
1131 Harbor Bay Pkwy, Suite 250
Alameda, CA 94502-6577
Attn: Barbara, RO#2974

8540



MOR - C
208 - 07 - 03

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:

MURIAL T. BLANK
BLANK FAMILY TRUST
1164 SOLANO AVE # 406
ALBANY, CA 94706

2. Article Number
(Transfer from service label)

7006 3450 0000 0503 3817

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X M. Fabiana Addressee

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

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

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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ENVIRONMENTAL HEALTH SERVICES

**Environmental Health Services
Environmental Protection
1131 Harbor Bay Pkwy, Suite 250
Alameda, CA 94502-6577
Attn: Barbara, RO#2974**



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1. Article Addressed to:

**JENNIFER C. SEDLACHEK
EXXONMOBIL
4096 PIEDMONT AVE # 194
OAKLAND, CA 94611**

2. Article Number
(Transfer from service label)

7002 2030 0006 9574 1556

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *JCP* Agent
 Addressee

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

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

2974