

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Cindy</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>by (Printed Name) _____ C. Date of Delivery <i>1/2</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Edward T. Simas 2307 Pacific Avenue Alameda, CA 94501</p> <p><i>B02990</i></p>	<p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7011 3500 0003 1810 9786</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage)	
For delivery information visit our website at www.usps.com	
OFFICIAL	
Postage \$ _____	
Certified Fee _____	
Return Receipt (Endorsement Required) _____	
Restricted (Endorsement) _____	
Se _____	
Street, or PO Box _____	<p style="text-align: center;">Edward T. Simas 2307 Pacific Avenue Alameda, CA 94501</p> <p><i>B02990</i></p>
City, State, _____	
PS Form 3800, August 2006 See Reverse for Instructions	