

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:
 ARCHSTONE EMERYVILLE RESIDENTIAL LLC
 7 GIRALADA FARMS
 MADISON, NJ 07940

003109

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]*

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 2820 0001 4359 8297
 Domestic Return Receipt

102595-02-M-1540

**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

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P.c.	

003109 Postmark Here

Sent To ARCHSTONE EMERYVILLE RESIDENTIAL LLC
 7 GIRALADA FARMS
 MADISON, NJ 07940

Street, Apt. or PO Box
 City, State

PS Form 3800, August 2003

7009 2820 0001 4359 8297