

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 7412

| | | |
|---|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

003115

Postmark
Here

To: **BANCROFT AND 77TH, LLC**
ATTENTION: MS. VICTORIA VELA
6500 FLOTILLA AVENUE
LOS ANGELES, CA 90040

PS Form 3800, August 2006 Instructions

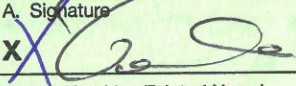
SENDER: COMPLETE THIS SECTION

- 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:

BANCROFT AND 77TH, LLC
ATTENTION: MS. VICTORIA VELA
6500 FLOTILLA AVENUE
LOS ANGELES, CA 90040

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent 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

| | |
|---|---|
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Priority Mail Express™ |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> Collect on Delivery |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7009 2820 0001 4359 7412**