

**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:

Honoring Authority of County of Alameda  
 22941 Atherton St.  
 Hayward CA 94541

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Cathy Ziegler*  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

2. Article Number  
 (Transfer from service label)

7009 2820 0001 4359 6248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

8429 6554 7000 0020 2820 0001 4359 6248

**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	\$ 6.48
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To *Honoring Authority of County of Alameda*  
 Street, Apt. No. or PO Box No. *22941 Atherton St*  
 City, State, ZIP+4 *Hayward CA 94541*  
 PS Form 3800, August 2006 See Reverse for Instructions