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**CERTIFIED MAIL™ RECEIPT**  
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OFFICIAL USE

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

003479

Postmark  
here

7011 3500 0003 1848 4821

MR. ERIC URANGA  
 CITY OF LIVERMORE ECONOMIC DEVELOPMENT  
 1052 SOUTH LIVERMORE AVENUE  
 LIVERMORE, CA 94551

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Taras</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>TARAS</i> <span style="float: right;">8.31.15</span></p> <p>Delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>MR. ERIC URANGA          CITY OF LIVERMORE ECONOMIC DEVELOPMENT          1052 SOUTH LIVERMORE AVENUE          LIVERMORE, CA 94551</p>	<p>Service Type</p> <p><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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7011 3500 0003 1848 4821</p>
<p>PS Form 3811, July 2013 <span style="float: right;">Domestic Return Receipt</span></p>	