

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

7011 3500 0003 1848 1400

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

Postmark
 Hills
 003205

STEPHEN P. AND KAREN A. NICHOLLS TRUST
 137 GREENBANK AVENUE
 PIEDMONT, CA 94611-4335

PS Form 3800, August 2006

See Reverse for 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:

STEPHEN P. AND KAREN A. NICHOLLS TRUST
 137 GREENBANK AVENUE
 PIEDMONT, CA 94611-4335

2. Article Number
(Transfer from service label)

7011 3500 0003 1848 1400

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Karen Nicholls Agent Addressee

B. Received by *(Printed Name)*

Karen Nicholls

C. Date of Delivery

3/16/16

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

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes