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OFFICIAL RECEIPT

Postage \$ _____
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7011 3500 0003 1935 2075

Doug Nelson
 UCSF Benioff Children's Hospital Oakland
 747 52nd Street
 Oakland, CA 94609

PS Form 3800, August 2006 See Reverse for Instructions

703211

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.

Doug Nelson
 UCSF Benioff Children's Hospital Oakland
 747 52nd Street
 Oakland, CA 94609

703211

COMPLETE THIS SECTION ON DELIVERY

A. Signature V. Moeller Agent
 Addressee

B. Received by (Printed Name) V. Moeller C. Date of Delivery 6/18/18

Address different from item 1? Yes
 No
 delivery address below: Yes
 No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0003 1935 2075

PS Form 3811, July 2013 Domestic Return Receipt