

7014 2870 0001 3382 2699

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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

Postmark
Here

003216

To

Send
Street
or PO
Box
City, State

CBS ASSOCIATES
1026 CRAGMONT AVE
BERKELEY, CA 94708-1412

PS Form 3811, July 2013

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:

CBS ASSOCIATES
1026 CRAGMONT AVE
BERKELEY, CA 94708-1412

2. Article Number
(Transfer from service label)

7014 2870 0001 3382 2699

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Louise*

- Agent
- Addressee

B. Received by (Printed Name)

Louise

C. Date of Delivery

5/16

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

PS Form 3811, July 2013

Domestic Return Receipt