

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

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

OFFICIAL RECEIPT

Postage \$ _____
 Certified Fee \$ _____

Return Receipt For (Endorsement Required) Mark Here
 Restricted Delivery (Endorsement Required)

To: **KENNETH L KRICH, HARISH SINGHAL, PRAKASH SINGHAL, KRIS K TAMAKI, ASHOK G WAREY, AND UJWALA A WAREY**
26 KIRKWOOD WAY
SAN CARLOS, CA 94070-1618

Street or PO Box _____
 City, State _____

7014 2870 0001 3244 2805

PS Form 3800, July 2014 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, **face up** on the front if space permits.

KENNETH L KRICH, HARISH SINGHAL, PRAKASH SINGHAL, KRIS K TAMAKI, ASHOK G WAREY, AND UJWALA A WAREY
26 KIRKWOOD WAY
SAN CARLOS, CA 94070-1618

003218

2. Article Number (Transfer from service label) _____

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *H. K. Singhal*

C. Date of Delivery *7/18*

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

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

4. Restricted Delivery? (Extra Fee) Yes No

7014 2870 0001 3244 2805