

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

For delivery information, visit our web

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required)
 Restricted Delivery (Endorsement Required)

Signature Here

JULES BARSOTTI
2915 BROADWAY
OAKLAND, CA 94611-5710

Street or PO Box _____
 City, State, ZIP+4® _____

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 3244 2591

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>7-16-16</u></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If different, delivery address below: _____</p>
<p>JULES BARSOTTI 2915 BROADWAY OAKLAND, CA 94611-5710</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>003220</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2870 0001 3244 2591</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>