

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

For delivery information, visit our website

OFFICIAL

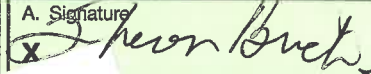
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery (Endorsement) _____

SHARON K. BIRCH
 7373 SKYLINE BLVD
 OAKLAND, CA 94611-1121

003231

7014 2870 0001 3244 2904

PS Form 3811, July 2014 See Reverse for Instructions

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. 	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SHARON K. BIRCH 7373 SKYLINE BLVD OAKLAND, CA 94611-1121 </div>	by (Printed Name): BIRCH	C. Date of Delivery 10/5/16
2. Article Number <i>(Transfer from service label)</i>	Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013	3. Service Type <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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 2870 0001 3244 2904		
Domestic Return Receipt		