

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at [usps.com](http://usps.com)

7011 3500 0003 1848 1677

OFFICE

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


REDFORD RESIDENCE  
 170 WOODLAND WAY  
 PIEDMONT, CA 94611

Postmark Here

Se. \_\_\_\_\_  
 Street, or PO Box \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

003256

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>	
	B. Received by (Printed Name)	C. Date of Delivery
		Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No
	<p>REDFORD RESIDENCE          170 WOODLAND WAY          PIEDMONT, CA 94611</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>	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7011 3500 0003 1848 1677	