

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance)

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**OFFICE**

Postage \$ \_\_\_\_\_

Certified For \_\_\_\_\_

Return Receipt (Endorsement P) \_\_\_\_\_

Restricted (Endorsement) \_\_\_\_\_

Postmark Here \_\_\_\_\_

**000378**

Mitchell Brown  
 c/o Cypress Property  
 1120 Nye Street, #929  
 San Rafael, CA 94901-6102

7009 2820 0001 4359 5425

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>S. Schaffner</i></p> <p>C. Date of Delivery <i>1/29/16</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If delivery address below: _____</p>
<p>1. Article Addressed to</p> <p>Mitchell Brown            c/o Cypress Property            1120 Nye Street, #929            San Rafael, CA 94901-6102</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 2820 0001 4359 5425</p>	
PS Form 3811, July 2013	Domestic Return Receipt