

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

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

OFFICIAL USE

7009 2820 0001 4359 5272

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

003203
 Postmark
 Here

Total Postage & F

ACEL ASSOCIATES, LLC
 ATTN: STEPHEN P. AND KAREN A. NICHOLLS
 137 GREENBANK AVENUE
 PIEDMONT, CA 94611-4335

Street, Apt. No.
 or PO Box No.
 City, State, Zip

PS Form 3800, August 2006

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, or on the front if space permits.

1. Article Addressed to:

ACEL ASSOCIATES, LLC
 ATTN: STEPHEN P. AND KAREN A. NICHOLLS
 137 GREENBANK AVENUE
 PIEDMONT, CA 94611-4335

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 5272

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Addressee
 Agent
Karen Nicholls
- B. Received by (Printed Name)
Karen Nicholls
- C. Date of Delivery
3/16/14
- D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes