

**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

4241 8481 0000 0000 0000 0000 0000 0000

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

003203

Postmark
Here

MICHAEL E. MUELLER AND STEPHEN P. NICHOLLS
2400 UNION STREET
OAKLAND, CA 94607-2418

PS Form 3800, August 2008

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Amber Linnage* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
or delivery address below: No

MICHAEL E. MUELLER AND STEPHEN P. NICHOLLS
2400 UNION STREET
OAKLAND, CA 94607-2418

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7011 3500 0003 1848 1424

PS Form 3811, July 2013

Domestic Return Receipt