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**CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_

Return Receipt For (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery (Endorsement Required) \_\_\_\_\_

1244 2ND AVE. LLC  
 BETTI JULI M  
 740 BAY STREET LLC  
 2655 BAY VAN NESS AVE., #2  
 SAN FRANCISCO, CA 94109-1698  
 ATTN: TRENT MOORE

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

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 3244 2928

003216

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 envelope or on the front if space permits.</li> </ul>		A. Signature <i>Trent Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Delivery Point (Printed Name) <i>T. Moore</i> C. Date of Delivery <i>10/21/16</i>	
1. Article Addressed to: 1244 2ND AVE. LLC BETTI JULI M 740 BAY STREET LLC 2655 BAY VAN NESS AVE., #2 SAN FRANCISCO, CA 94109-1698 ATTN: TRENT MOORE		Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <u>7014 2870 0001 3244 2928</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	