

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

For delivery information visit our website at usps.com

OFFICIAL RECEIPT

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required)
 Restricted Delivery (Endorsement Required)

Mark Here

M.J. GARFINKLE AND SUSAN G. BLOCK ETAL
 352 CAPETOWN DRIVE
 ALAMEDA, CA 94502-6426

7011 3500 0003 1848 1493

Street, or PO Box _____
 City, State, ZIP+4® _____

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
M.J. GARFINKLE AND SUSAN G. BLOCK ETAL 352 CAPETOWN DRIVE ALAMEDA, CA 94502-6426	B. Received by (Printed Name)	C. Date of Delivery 10-21-16
	Address different from item 1? <input type="checkbox"/> Yes If different, print delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013	7011 3500 0003 1848 1493	
Domestic Return Receipt		