

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, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
		B. Received by (Printed Name)	C. Date of Delivery 02/05/18
1. Article Address		Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
LICHITY J S JR & IANCO MAXIMILLIAN W ETAL 14 SANTA CLARA AVE SAN FRANCISCO, CA 94127-1518		<i>J-S. Lichity</i>	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 3500 0003 1935 1221	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Does Not Include Insurance Coverage Provided)
For more information, visit our website at www.usps.com

DO NOT WRITE IN THESE SPACES

LICHITY J S JR & IANCO MAXIMILLIAN W ETAL
14 SANTA CLARA AVE
SAN FRANCISCO, CA 94127-1518

Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Sent To _____
Street, Apt. No.; or PO Box No. _____
City, State, ZIP+4 _____

7011 3500 0003 1935 1221

3277

PS Form 3800, August 2006 See Reverse for Instructions