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.

MONTECITO MANOR LP
1717 POWELL ST STE 300
SAN FRANCISCO, CA 94133

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

address different from item 1? ☐ Yes
er delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7011 3500 0003 1935 2280

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 3500 0003 1935 2280

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage
For delivery information visit our website at
OFFICIA

Postage $
Certified Fee
Return Receipt Fee
(Endorsement Requi
Restricted De
(Endorseme

MONTECITO MANOR LP
1717 POWELL ST STE 300
SAN FRANCISCO, CA 94133

003277

S.
or
City, S

PS Form 3 August 2006 See Reverse for Instructions