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CERTIFIED MAIL™ RECEIPT
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7011 3500 0003 1848 1684

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

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

BARBARA AND DOMINIC DEVINCENZI
 3348 DEER PARK DRIVE
 WALNUT CREEK, CA 94596

003278

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 or on the front if space permits. 	<p>A. Signature <i>Barbara Devincenzi</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>Delivered by (Printed Name) _____ C. Date of Delivery <i>12/16/17</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: BARBARA AND DOMINIC DEVINCENZI 3348 DEER PARK DRIVE WALNUT CREEK, CA 94596</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7011 3500 0003 1848 1684</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	