

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 2820 0001 4359 8754

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

Postmark  
Here  
000042

Sent To  
Street, Apt.  
or PO Box  
City, State,

WINTZEN, INC.  
 ATTN: JACON WARREN  
 6601 SHELLMOUNT STREET  
 EMVERYVILLE, CA 94608

PS Form 3800, August 2006 See Reverse for Instructions

**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.

1. Article Addressed to:

WINTZEN, INC.  
 ATTN: JACON WARREN  
 6601 SHELLMOUNT STREET  
 EMVERYVILLE, CA 94608

2. Article Number  
*(Transfer from service label)*

7009 2820 0001 4359 8754

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
   Addressee

B. Received by (*Printed Name*) C. Date of Delivery  
 JACON WARREN 8-10-15

D. Is delivery address different from item 1?  Yes  
 If YES, enter 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