

UNITED STATES POSTAL SERVICE




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• Sender: Please print your name, address, and ZIP+4 in this box •

**Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
Attn: Jerry, RO#94**



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> 	
<p>1. Article Addressed to:</p> <p><b>Qing Ping Ding Coliseum Way 8000 Inc. 1411 Harbor Bay Parkway Alameda, CA 94502-7054</b></p>	<p>B. Received by (<i>Printed Name</i>)</p> <p><i>Jen Lai</i></p>	<p>C. Date of Delivery</p> <p><i>3-9</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service type</p> <p><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.</p>	
	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>7002 2030 0006 9574 2744</p>		
<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>

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1. Article Addressed to:

**Robert Lepsic  
County of Alameda  
399 Elmhurst Street  
Hayward, CA 94544**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 2751

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Barbara W...*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

01 MAR 2002

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

OAKLAND, CA 946

First-Class Mail  
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• Sender: Please print your name, address, and ZIP + 4 in this box

**Environmental Health Services  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
Attn: Jerrv. RO#94**

5540



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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Mark Gomez City of Oakland 250 Frank H. Ogawa Plaza, Ste.5301 Oakland, CA 94612-2034</b></p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>[Signature]</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">2009 MAR 10 11:50 AM 0184W 602</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type  <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7002 2030 0006 9574 2768</p> <p style="text-align: right;">102595-02-M-1540</p>

Domestic Return Receipt

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Robert Saunders  
Oakland Alameda Coliseum  
7000 Coliseum Way  
Oakland, CA 94621**

2. Article Number  
(Transfer from service label)

7002 2030 0006 9574 2713

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery  
 Liz Mestry 3/9/04
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes