

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage)

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

**OFFICIAL**

7011 3500 0003 1848 1455

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_

Return Receipt\*  
 (Endorsement P-)

Restrict  
 (Endo-)

Linda L. and Donald V. Strough Trustees  
 and COCRAIG Limited  
 Care of W. B. Bercovich  
 100 Embarcadero Penthouse  
 San Francisco, CA 94105

5.

Street  
 or P.O. L.  
 City, State

000134

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.

Linda L. and Donald V. Strough Trustees  
 and COCRAIG Limited  
 Care of W. B. Bercovich  
 100 Embarcadero Penthouse  
 San Francisco, CA 94105

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

- Agent
- Addressee

C. Date of Delivery

Address different from item 1?  Yes  
 delivery address below:  No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

7011 3500 0003 1848 1455

Domestic Return Receipt