

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail #P 143 588 471  
03/14/97

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Notice of Responsibility

StID#: 666  
(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE

Date First Reported 05/10/89  
Substance: Waste Oil  
Funding (Federal or State): F  
Multiple RPs?: Y

J. Jiang & H. Wong  
N/a  
Po Box 2945  
Castro Valley Ca 94546


Responsible Party (RP)  
Property Owner

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

Any action or inaction by this local agency associated with corrective action, including responsible party identification, is subject to petition to the State Water Resources Control Board. Petitions must be filed within 30 days from the date of the action/inaction. To obtain petition procedures, please FAX your request to the State Water Board at (916) 227-4349 or telephone (916) 227-4408.

Pursuant to Section 25299.37(c)(7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the site designation process.

Please contact Amy L Leech, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

  
Gordon Coleman, Acting Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: Add RP #144#2

C: Lori Casias, SWRCB  
Amy L Leech, Hazardous Materials Specialist

P 143 588 471

US Postal Service

### Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sept 10 J. JIANG & H. WONG	
P.O. BOX 2945	
CASTRO VALLEY, CA 94546	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

1. Article Addressed to:  
**J. JIANG & H. WONG**  
**P.O. BOX 2945**  
**CASTRO VALLEY, CA 94546**

4a. Article Number  
**P 143 588 471**

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery  
**4-1-97**

5. Received By: (Print Name)  
**H. WONG**

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

**X** *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 472  
03/14/97

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Notice of Responsibility

StID# 666  
(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE

Date First Reported 05/10/89  
Substance: Waste Oil  
Source : Federally Funded  
MultiRPs?: Yes

President  
Lincoln Trust Co.  
Po Box 5831  
Denver Co 80217


Responsible Party (RP) # 2  
(list of all RP's attached)

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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Please contact Amy L Leech, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

  
Gordon Coleman, Acting Chief  
Contract Project Director

Please Circle One Add Delete Change

Reason: Add RP #1 & #2

Attachment

C: Lori Casias, SWRCB  
Amy L Leech, Hazardous Materials Specialist

P 143 588 472

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
PRESIDENT	
Street & Number	
LINCOLN TRUST CO.	
Post Office, State, ZIP	
DENVER, CO 80217	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PRESIDENT  
LINCOLN TRUST CO.  
P.O. BOX 5831  
DENVER, CA 80217

4a. Article Number

P143 588 472

4b. Service Type

- |                                                                    |                                               |
|--------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered                                | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                              | <input type="checkbox"/> Insured              |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

MAR 30 1997

5. Received By: (Print Name)

RKY. MTN. MAIL DELIVERED

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 473  
03/14/97

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Notice of Responsibility

StID# 666  
(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE

Date First Reported 05/10/89  
Substance: Waste Oil  
Source : Federally Funded  
MultiRPs?: Yes

Ca. Central Trust Bk  
C/o Diversified Loan Services  
257 E Campbell Ave., #3  
Campbell Ca 95008


Responsible Party (RP) # 3  
(list of all RP's attached)

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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Pursuant to Section 25299.37(c) (7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the site designation process.

Please contact Amy L Leech, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

  
Gordon Coleman, Acting Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: add RP #1 & #2

Attachment

C: Lori Casias, SWRCB  
Amy L Leech, Hazardous Materials Specialist

P 143 588 473

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sender <b>CA. CENTRAL TRUST BK</b>	
Street & Number <b>C/O DIVERIFIED LN. SERV.</b>	
Post Office, City, & ZIP Code <b>257 E. CAMPBELL AVE., #3</b> <b>CAMPBELL, CA 95008</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
**CA. CENTRAL TRUST BK**  
**C/O DIVERIFIED LOAN SERVICES**  
**257 E. CAMPBELL AVE., #3**  
**CAMPBELL, CA 95008**

4a. Article Number  
**P 143 588 473**

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery  
**3-31-97**

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  


PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Certified Mail # P 143 588 474  
03/14/97

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Notice of Responsibility

StID# 666  
(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE

Date First Reported 05/10/89  
Substance: Waste Oil  
Source : Federally Funded  
MultiRPs?: Yes

Robert M. Frost  
C/o Frost & Wright  
20980 Redwood Road, #260  
Castro Valley Ca 94546


Responsible Party (RP) # 4  
(list of all RP's attached)

You are hereby notified that pursuant to Section 25297.1 of the Health and Safety Code, the above site has been placed in the Local Oversight Program. The above individual(s) or entity(ies) has (have) been identified as the party(ies) responsible for investigation and cleanup of the above site.

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Pursuant to Section 25299.37(c)(7) of the Health and Safety Code, a responsible party may request the designation of an administering agency when required to conduct corrective action. Please contact this office for further information about the site designation process.

Please contact Amy L Leech, Hazardous Materials Specialist at this office at (510) 567-6700 if you have any further questions.

  
Gordon Coleman, Acting Chief  
Contract Project Director

Please Circle One  Add  Delete  Change

Reason: Add RP#1 & #2

Attachment

C: Lori Casias, SWRCB  
Amy L Leech, Hazardous Materials Specialist

P 143 588 474

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to	
Robert M. Frost	
Street & Number	
Frost & Wright	
Post Office, State, & ZIP Code	
Castro Valley CA 94546	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
**ROBERT M. FROST**  
**C/O FROST & WRIGHT**  
**20980 REDWOOD RD., #260**  
**CASTRO VALLEY, CA 94546**

4a. Article Number  
**P 143 588 474**

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery  
**3-27-97**

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

**X** *Robert M. Frost*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 773 036 373

10/31/94  
STID# 666

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
(510)567-6700

Notice of Requirement to Reimburse

Ca. Central Trust Bk  
C/o Diversified Loan Services  
257 E. Campbell Ave., #3  
Campbell, Ca 95008

Responsible Party #1  
Property Owner

Robert M. Frost  
C/o Frost & Wright  
20980 Redwood Road, #260  
Castro Valley, Ca 94546

Responsible Party #2  
Contact Person  
Contact Company

(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE Date First Reported 05/10/89  
Substance: Waste Oil  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use

Change: Reason: New RP #1; new RP #2 info

SOS  
#666 Z 773 036 373



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to Robert M. Frost	
Street and No. 20980 Redwood Rd. #260	
P.O., State and ZIP Code Castro Valley CA 94546	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: SOS #666

Robert M. Frost  
C/O Frost & Wright  
20980 Redwood Rd., #260  
Castro Valley CA 94546

5. Signature (Addressee)

6. Signature (Agent)

*Robert M. Frost*

4a. Article Number  
Z 773 036 373

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
11-7-94

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # Z 773 036 372

10/31/94  
STID# 666

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division

1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
(510)567-6700

Notice of Requirement to Reimburse

Ca. Central Trust Bk  
C/o Diversified Loan Services  
257 E. Campbell Ave., #3  
Campbell, Ca 95008

Responsible Party #1  
Property Owner

Robert M. Frost  
C/o Frost & Wright  
20980 Redwood Road, #260  
Castro Valley, Ca 94546

Responsible Party #2  
Contact Person  
Contact Company


(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE

Date First Reported 05/10/89  
Substance: Waste Oil  
Petroleum: (X)Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of site investigation or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. YOU ARE HEREBY NOTIFIED that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Mike Harper, SWRCB

SWRCB Use:  Change : X Reason: New RP #1; new RP#2 info

SOS  
#666

Z 773 036 372



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

PS Form 3800, March 1993

Sent to CA. Central Trust Bk	
Street and No. 257 E. Campbell Ave., #3	
P.O., State and ZIP Code Campbell CA 95008	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: SOS #666

Ca. Central Trust Bk  
C/O Diversified Loan Svcs  
257 E. Campbell Ave., #3  
Campbell CA 95008

4a. Article Number  
- Z 773 036 372

4b. Service Type  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

7. Date of Delivery  
NOV 07 1994

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Thank you for using Return Receipt Service.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
RAFAT A. SHAHID, Assistant Agency Director

Certified Mail # P113 815 099

07/13/92  
STID# 666

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Notice of Requirement to Reimburse**

Robert M. Frost  
Lakeshore Financial  
21060 Lake Chabot Road  
Castro Valley, Ca 94546

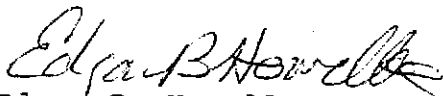
Responsible Party  
Property Owner

(Former) Walt's Auto Tech  
2896 Castro Valley Blv  
Castro Valley, CA 94546

SITE Date First Reported  
Substance: Waste Oil  
Petroleum: (X) Yes

The federal Petroleum Leaking Underground Storage Tank Trust Fund (Federal Trust Fund) provides funding to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The legislature has authorized funds to pay the local and state agency administrative and oversight costs associated with the cleanup of releases from underground storage tanks. The direct and indirect costs of overseeing removal or remedial action at the above site are funded, in whole or in part, from the Federal Trust Fund. The above individual(s) or entity(ies) have been identified as the party or parties responsible for investigation and cleanup of the above site. **YOU ARE HEREBY NOTIFIED** that pursuant to Title 42 of the United States Code, Section 6991b(h)(6) and Sections 25297.1 and 25360 of the California Health and Safety Code, the above Responsible Party or Parties must reimburse the State Water Resources Control Board not more than 150 percent of the total amount of site specific oversight costs actually incurred while overseeing the cleanup of the above underground storage tank site, and the above Responsible Party or Parties must make full payment of such costs within 30 days of receipt of a detailed invoice from the State Water Resources Control Board.

Please contact Scott SEERY, Hazardous Materials Specialist at this office if you have any questions concerning this matter.

  
Edgar B. Howell, III, Chief  
Contract Project Director

cc: Sandra Malos, SWRCB

SWRCB Use:

Add: X Reason: New Case

P 113 815 099



### Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse) # 6666

(SS)

PS Form 3800, June 1991

Sent to	Robert M. Frost
Street and No.	21060 Lake Chabot
City, State, ZIP Code	Castro Valley CA 94546
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

#### SENDER:

- Complete items 1, and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Lakeshore Financial  
Attn: Robert M. Frost  
21060 Lake Chabot Rd.  
Castro Valley CA 94546

4a. Article Number  
P113 815 099

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery  
7-27-92

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)  
*Valerie*

6. Signature (Sender)  
*[Signature]*

Thank you for using Return Receipt Service.