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SENDER: COMPLETE THIS SEC	CTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is d</li> <li>Print your name and address or so that we can return the card t</li> <li>Attach this card to the back of or on the front if space permits.</li> </ul>	esired. In the reverse o you. he mailpiece,	A. Signature  X
808 FRAN	DE & DIANE KLIN ST., #1 CA 94607-4	elivery address below:   No
000196		Certified Mail
Article Number     (Transfer from service label)	7014 287	0001 3244 0818
PS Form 3811, February 2004	Domestic Re	eturn Receipt 102595-02-M-154