

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

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

OFFICIAL

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt  
(Endorsement Fee) \_\_\_\_\_

Restrictions  
(Endorsement Fee) \_\_\_\_\_

c/o Mi Cha Oh and Byung Ryul Oh, Trustees  
 459 30th Street  
 Oakland, CA 94609

City, State, ZIP+4® \_\_\_\_\_

7011 3500 0003 1934 8399

R0203

PS Form 3800, August 2006 See Reverse for Instructions

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 type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>by (Printed Name) _____ C. Date of Delivery _____</p> <p>Address different from item 1? <input type="checkbox"/> Yes            delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">c/o Mi Cha Oh and Byung Ryul Oh, Trustees            459 30th Street            Oakland, CA 94609</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7011 3500 0003 1934 8399</p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	