

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

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**OFFICIAL**

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

Return Receipt \*  
 (Endorsement Required)  **Postmark Here**

Restricted Delivery \*  
 (Endorsement Required)

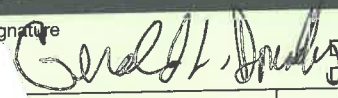
Street or P.O. Box \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

**7014 2120 0000 5558 9948**

**Gerald Donnelly Trust  
 and Dolores and Jeffrey Kerry  
 38822 Farwell Drive, Apt., 18E  
 Fremont, CA 94536**

**000208**

PS Form 3800, July 2014 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 envelope or on the front if space permits.</li> </ul>		A. Signature 	
1. Article Address		B. Delivered by (Printed Name) <b>GERALD</b>	C. Date of Delivery <b>10-13-17</b>
<b>Gerald Donnelly Trust            and Dolores and Jeffrey Kerry            38822 Farwell Drive, Apt., 18E            Fremont, CA 94536</b>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7014 2120 0000 5558 9948</b>		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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	