


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Elizabeth Vargas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by, (Printed Name) <i>Elizabeth Vargas</i></p> <p>C. Date of Delivery <i>10/25/14</i></p>
<p>1. Article Addressed to: 000251</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p> 411 W MACARTHUR LLC 650 "B" FREMONT AVE. LOS ALTOS, CA 94024 #375</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7009 2820 0001 4359 6040 (Transfer from service to)</p>	

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here
000251

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP


 411 W MACARTHUR LLC
 650 "B" FREMONT AVE.
 LOS ALTOS, CA 94024

Instructions

PS Form 3800, AUGUST 2003

7009 2820 0001 4359 6040