Sender:  Complete items 1 and/or 2 for additional services.  Somplete items 3, and 4a & b.  In Print your name and address on the reverse of this that we can return this card to you.  Attach this form to the front of the mailpiece, or on	form so	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address
<ul> <li>Write "Return Receipt Requested" on the mailpiece</li> </ul>	next to	Restricted Delivery  Consult postmaster for fee.
3. Article Addressed to: EC RD 2-68	4a. Artic	lle Number 22 218 042
Ed Omernik ロダア 6253 Dougherty Road	4b. Service Type ☐ Registered ☐ Insured	
Dublin CA 94568	Certifi  Expre	- Danie - Danie for
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) P8 Ferm 3811, October 1990 *U.S. GPO: 1990-273-6	961 DO	MESTIC RETURN NECEPT
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 card to you.	e can return	I also wish to receive the following services (for an extra fee):
<ul> <li>attach this form to the front of the mallpiece, or on the back if space does not permit.</li> <li>white "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		Addressee's Address     Restricted Delivery     Consult postmaster for fee.
3. Article Addressed to: E. Chu		e Number 143 588 286
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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write *Return Receipt Requested* on the mailpiece below the article and delivered.  3. Article Addressed to:  E. Chu  Ed Omerik, as an individual  Ed Omerik, dba  American Building Components 6253 Dougherty Rd.  Dublin CA 94568  5. Received By: (Print Name)	1. Addressee's Address le number. Id the date  2. Restricted Delivery Consult postmaster for fee.  4a. Article Number P 143 588 286  4b. Service Type Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery  8. Addressee's Address (Only if requested)	
		skee's Address (Only if requested e is paid)
Signature: (Addressee or Agent)		
P <del>9 Form</del> <b>3811</b> , December 1994	-	Domestic Return Receipt
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 the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered in	if space ticle number.	I also wish to reserve the following services (for an extra fee):  1. Addressee's Address  2. Restricted Delivery Consult postmaster for fee. icle Number P 418 724 697 rvice Type
3. Article Addressed to: EC 1216		icle Number P 418 724 697 rvice Type
MR. ED OMERNIK  MERICAN BUILDING COMP.	Registered Insured COD Express Mail Return Receipt for Merchandise  7. Date of Delivery	
6253 DOUGHERTY ROAD DUBLIN CA 94568		
MR. ED OMERNIK  AMERICAN BUILDING COMP. 6253 DOUGHERTY ROAD DUBLIN CA 94568  5. Signature (Addressee)		ressee's Address (Only if requested fee is paid)
6. Signature (Agent) (1992—3: P5 Form 3811) December 1991 ×U.S. GPO: 1992—3:		

