

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. 		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Number <div style="border: 1px solid black; padding: 5px; text-align: center;"> Lam and Lai Lai Yu Revocable Living Trust 3464 School Street Oakland, CA 94602 </div>		Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, July 2013		Domestic Return Receipt	

000271

7011 3500 0003 1935 1641

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

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery (Endorsement) _____

Joe Lam and Lai Lai Yu Revocable Living Trust
 3464 School Street
 Oakland, CA 94602

S. _____

Street or P.O. _____

City, State _____

000271

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0003 1935 1641