SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on 	desired. In the reverse to you. the mailpiece,	A. Signature		☐ Agent☐ Addressee
 so that we can return the card to Attach this card to the back of the or on the front if space permits. 		B. Received by (Printed Name)	C. Date of Delivery
7225 Bancro c/o Najdawi In 5 Kingsw Hillsboroug	oft Street LP vestments, I vood Circle gh, CA 94010		ail® 🖸 Priority M	ail Evarace™
		☐ Registered ☐ Insured Ma	Return Re	eceipt for Merchandise
		☐ Registered	Return Re	eceipt for Merchandise
Article Number (Transfer from service label)	7014 2	☐ Registered ☐ Insured Ma	Return Re	eceipt for Merchandis n Delivery

