

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| 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. | A. Signature X Agent Addressee |
| Attach this card to the back of the mailpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| Pargat Singh Aulakh and Rawandiep k 4527 Heyer Avenue Castro Valley, CA 94546 | |
| | 3. Service Type |
| *** | ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise |
| 34 | ☐ Insured Mail ☐ Collect on Delivery |
| | 4. Restricted Delivery? (Extra Fee) |
| 2 Article Number 7011 3500 | 0003 1848 1462 |
| PS Form 3811, July 2013 Domestic Return Receipt | |