

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jana Mejia</i> C. Date of Delivery</p> <p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Juli Ann Coliseum Holdings LLC</i></p> <p>Juli Ann Coliseum Holdings LLC 5900 Coliseum Way Oakland, CA 94621</p> <p>70354</p>	<p>Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 (Transfer from service label)</p>	<p>7011 3500 0003 1934 9020</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

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

OFFICIAL RECEIPT

Postage \$ _____

Certified Fee \$ _____

Return Receipt (Endorsement Receipt) Mark Here

Restricted Delivery (Endorsement) Mark Here

Juli Ann Coliseum Holdings LLC
5900 Coliseum Way
Oakland, CA 94621

Sent _____

Street, Apt. or PO Box _____

City, State, ZIP _____

7011 3500 0003 1934 9020

70354

PS Form 3800, August 2006 See Reverse for Instructions