

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 USE

7009 2820 0001 4359 5715

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark
Here

HANG M. LY
 169 DHILLON COURT
 HAYWARD, CA 94544-5959

Sent
 Street
 or PO
 City, State

[Handwritten Signature]

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

HANG M. LY
 169 DHILLON COURT
 HAYWARD, CA 94544-5959

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 5715

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 [Handwritten Signature] Addressee
- B. Received by (Printed Name) Date of Delivery
 HANG M. LY 08/22/14
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes