

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL RECEIPT**

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

**ROGER L. AND RICHARD S. WOODWARD  
 AND J.E. CORETTE III  
 6973 VILLAGE PARKWAY  
 DUBLIN, CA 94568-2405**

City, \_\_\_\_\_

002432

PS Form 3800, August 2006

See Reverse for Instructions

7011 3500 0003 1848 1523

**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.

**ROGER L. AND RICHARD S. WOODWARD  
 AND J.E. CORETTE III  
 6973 VILLAGE PARKWAY  
 DUBLIN, CA 94568-2405**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

address different from item 1?  Yes  
 or delivery address below:  No

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7011 3500 0003 1848 1523**

PS Form 3811, July 2013

Domestic Return Receipt