

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 5838

|  |        |
|--|--------|
| Postage \$                                     | 002456 |
| Certified Fee                                  |        |
| Return Receipt Fee (Endorsement Required)      |        |
| Restricted Delivery Fee (Endorsement Required) |        |

SEP 19 10 00 AM '04  
 Postmark Here

Dignity Housing West, Inc.  
 c/o: Community Housing Dev.  
 1535A Fred Jackson Way  
 Richmond, CA 94801

**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:

Dignity Housing West, Inc.  
 c/o: Community Housing Dev.  
 1535A Fred Jackson Way  
 Richmond, CA 94801

2. Article Number  
 (Transfer from service label)

7009 2820 0001 4359 5838

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

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

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540