

7009 2820 0001 4359 5388

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

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

**OFFICIAL**

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

**FSW HIGHLAND LLC**  
**99 S. HILL DR.**  
**BRISBANE, CA 94005-1274**

002515

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Vince Belland</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
<p align="center"><b>FSW HIGHLAND LLC</b>  <b>99 S. HILL DR.</b>  <b>BRISBANE, CA 94005-1274</b></p>	B. Received by (Printed Name) <i>AREWANE</i>	C. Date of Delivery <b>JUN 27 2016</b>
	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
	3. Service type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 2013      Domestic Return Receipt		