

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

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

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____
 Return Postage (Endorsement) \$ _____

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

City, State, and ZIP+4® **002515**

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0003 1935 1696

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 checked="" type="checkbox"/> Addressee</p> <p>B. Recipient (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to</p> <p>FSW HIGHLAND LLC 99 S. HILL DRIVE BRISBANE, CA 94005-1274</p>	<p>3. Service Type <input 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</p>
<p>2. Article Number (Transfer from service label)</p> <p>002515</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7011 3500 0003 1935 1696</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	