

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

For delivery information visit our website at usps.com

OFFICE

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement) _____
 Restricted Delivery (Endorsement) _____

Postmark Here

7011 3500 0003 1934 7651

PETER H. CHEN
 13081 BROOKPARK ROAD
 OAKLAND, CA 94619-3503

002515

PS Form 3800, August 2006 See Reverse for Instructions

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. **PETER H. CHEN**
13081 BROOKPARK ROAD
OAKLAND, CA 94619-3503

002515

2. Article Number (Transfer from service label) **7011 3500 0003 1934 7651**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **TO** Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **3-26-18**

Is this delivery address different from item 1? Yes No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt