

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:

**Faizi Pourhosseini
State of California
707 3rd Street, # 4-430
West Sacramento, CA 95605**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X JTAYLOR

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

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number 7002 2030 0006 9574 1907
 (*Transfer from service label*)

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

**Environmental Health Services
 Environmental Protection
 1131 Harbor Bay Pkwy, Suite 250
 Alameda, CA 94502-6577
 Attn: Jerry , RO#2950**

Alameda County
 Environmental Health
 NOV 30 2007

