

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:

Matthew A. Gabel & Jane C. TRS
1018 Sunnyhills Road
Oakland, CA 94610

2. Article Number (Transfer from service label) 7009 2820 0001 4359 5753

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Matthew A. Gabel Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 9/11/14

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 No

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

Postage	\$	<u>203043</u> Postmark Here <u>9/10</u>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

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