

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

7009 2820 0001 4359 6804

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

003069 Postmark Here

1550 PARK LLC
 2336 MAGNOLIA STREET, SUITE 11
 OAKLAND, CA 94607

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

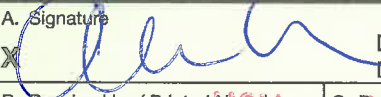
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

1550 PARK LLC
 2336 MAGNOLIA STREET, SUITE 11
 OAKLAND, CA 94607

2. Article Number
 (Transfer from service label) 7009 2820 0001 4359 6804

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

 B. Received by (Printed Name) C. Date of Delivery
 NOV 13 2015

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