

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:

Alameda Unified School District
 c/o: Robbie Lyng
 2060 Challenger Drive
 Alameda, CA 94501

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (*Printed Name*) *DAVID ORENOS* C. Date of Delivery *12-17-14*

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

2. Article Number
 (Transfer from service label)

7009 2820 0001 4359 6224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7009 2820 0001 4359 6224

**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	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
 Here

003144

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 c/o: Robbie Lyng
 2060 Challenger Drive
 Alameda, CA 94501

5720
 Reverse for Instructions