

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|
| <ul style="list-style-type: none"> 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. | A. Signature <input checked="" type="checkbox"/> <i>KJA</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: | B. Received by (Printed Name) <i>KEVANS</i> | C. Date of Delivery <i>4/4/16</i> |
| SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT ATTN: GARY JENSEN 300 LAKESIDE DR, 17TH FLOOR OAKLAND, CA 94612 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) | <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, February 2004 | 7011 3500 0003 1848 1448 | Domestic Return Receipt |
| | | 102595-02-M-1540 |

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Insurance Coverage Provided)

For more information, visit our website at www.usps.com

FOR OFFICIAL USE

San Francisco Bay Area Rapid Transit District
 ATTN: GARY JENSEN
 300 LAKESIDE DR, 17TH FLOOR
 OAKLAND, CA 94612

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

Sent To 703171
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

9447 9487 E000 005E 1702

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