

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) _____
 Total Postage _____

Postmark Here _____

Sent To
 Street, Apt. N or PO Box N
 City, State, Z

HILLCROFT RESIDENCE
947 HILLCROFT CIRCLE
OAKLAND, CA 94610

PS Form 3800
 Instructions

6994 4869
 7011 3500 0003 1848 9471

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:

HILLCROFT RESIDENCE
947 HILLCROFT CIRCLE
OAKLAND, CA 94610

2. Article Number
(Transfer from service label)

7011 3500 0003 1848 4869

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by *(Printed Name)* _____ C. Date of Delivery *8/21/5*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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