SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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 X Can B. Received by (Printed Name)	Agent Addresse C. Date of Deliver
1. Article Addressed to: Kỹ Truong 1818 Everett St.	D. Is delivery address different from ite If YES, enter delivery address belo	m 1? □ Yes w: □ No
Alameda, CA 94501	Li Insured Mail Li Collect on D	ipt for Merchandise
. Article Number	4. Restricted Delivery? (Extra Fee)	☐ Yes

5557	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com OFFICIAL		
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7	OFFO Alameda, CA 94501 Cliv.'s PS Form 3800. August 2006		See Reverse for Instructions