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7014 2870 0001 3382 2682

CBS INVESTMENTS INC, CHIN VICTOR H & JEANETTE L TRS
 CHIN WARREN TR, CHIN WARREN H, ENG SHIRLEY H
 KLEE GARY A & HELEN H TRS, LOO GRACE H
 LOUIE ROBERT E & FLORENCE H TRS
 1026 CRAGMONT AVE
 BERKELEY, CA 94708-1412

003216

PS Form 3800, July 2014 See Reverse for Instructions

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>F. Louie</u></p> <p>C. Date of Delivery <u>5/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No enter delivery address below:</p>
CBS INVESTMENTS INC, CHIN VICTOR H & JEANETTE L TRS CHIN WARREN TR, CHIN WARREN H, ENG SHIRLEY H KLEE GARY A & HELEN H TRS, LOO GRACE H LOUIE ROBERT E & FLORENCE H TRS 1026 CRAGMONT AVE BERKELEY, CA 94708-1412	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7014 2870 0001 3382 2682
PS Form 3811, July 2013	Domestic Return Receipt