

7014 2870 0001 3382 2675

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL

Postage \$ _____
Certified Fee _____
Return Receipt™
(Endorsement Fee) _____
Restrict
(Endorsement Fee) _____

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

Se. _____
Street or PO Box _____
City, State _____

003216

PS Form 3800, July 2014

See Reverse for Instructions

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.

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COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) F. Louie

C. Date of Delivery 5/16

Is delivery address different from item 1? Yes No
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

2. Article Number
(Transfer from service label)

7014 2870 0001 3382 2675

PS Form 3811, July 2013

Domestic Return Receipt