

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

For delivery information, visit our website at usps.com

OFFICIAL

7014 2870 0001 3244 2812

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery (Endorsement Required) _____
 Total F _____

GRAND AVENUE APARTMENTS
 2295 SAN PABLO AVE
 BERKELEY, CA 94702-1829

003218

Street or P.O. _____
 City, State, _____

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *S. Michel* Agent Addressee

B. Received by (Printed Name) *S. Michel*

C. Date of Delivery *7/18/16*

address different from item 1? Yes
 or delivery address below: No

GRAND AVENUE APARTMENTS
 2295 SAN PABLO AVE
 BERKELEY, CA 94702-1829

003218

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 3244 2812

PS Form 3811, July 2013 Domestic Return Receipt