

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

For delivery information, visit our website at usps.com

OFFICE

Postage \$ _____

Certified For _____

Return Recipient (Endorsement) _____

Restricted (Endorsement) _____

Postmark Here **003218**

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

Sent _____

Street & Ap. or PO Box No. _____

City, State, ZIP+4 _____

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 <i>S. Michel</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. Michel</i></p> <p>C. Date of Delivery <i>7/18/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If different, delivery address below: _____</p>
<p>GRAND AVENUE LLC 2295 SAN PABLO AVE BERKELEY, CA 94702-1829</p>	<p><input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>003218</p> <p>7014 2870 0001 3244 2829</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>