

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 For Endorsement Receipt
 Restricted Delivery Endorsement

Tr _____

Signature or Initials _____
 City, State, ZIP+4® _____

DAVID BARSOTTI
2915 BROADWAY
OAKLAND, CA 94611

Mark Here

003220

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 3244 2676

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) _____	C. Date of Delivery <u>7/16</u>
Address different from item 1? <input type="checkbox"/> Yes If delivery address below: <input type="checkbox"/> No		
DAVID BARSOTTI 2915 BROADWAY OAKLAND, CA 94611		
003220		
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number <u>7014 2870 0001 3244 2676</u> (Transfer from service label)		
PS Form 3811, July 2013 Domestic Return Receipt		