

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

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

OFFICIAL RECEIPT

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Fee) _____
 Restricted (Endorsement) _____
 To _____
 Sent by _____
 Street & No. or PO Box _____
 City, State, & Zip _____

003220

PS Form 3800, July 2014 See Reverse for Instructions

7014 2870 0001 3244 2584

**JULES BARSOTTI AND
 ALFRED S. AND MARGARET G. HOOPER
 2915 BROADWAY
 OAKLAND, CA 94611-5710**

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.

**JULES BARSOTTI AND
 ALFRED S. AND MARGARET G. HOOPER
 2915 BROADWAY
 OAKLAND, CA 94611-5710**

003220

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 7-16-16

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

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 2584**

PS Form 3811, July 2013 Domestic Return Receipt