

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

For delivery information, visit our website

**OFFICIAL**

7014 2870 0001 3244 2690

Postage \$

Certified Fee

Return Receipt For  
(Endorsement Receipt)

Restricted Delivery  
(Endorsement)

**JULES BARSOTTI**  
**2915 BROADWAY**  
**OAKLAND, CA 94611-5710**

City, State, or P.O. Box

**003220**

PS Form 3811, 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, envelope, or container.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *7/16/16*

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

**JULES BARSOTTI**  
**2915 BROADWAY**  
**OAKLAND, CA 94611-5710**

3. Service type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

003220

2. Article Number  
 (Transfer from service label)

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PS Form 3811, July 2013

Domestic Return Receipt