

7014 2870 0001 3244 2607

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_

Return Receipt (Endorsement) \_\_\_\_\_  
 Restricted (Fee) \_\_\_\_\_

**JULES M. AND GERALDINE A. BARSOTTI TRS**  
**2915 BROADWAY**  
**OAKLAND, CA 94611-5710**

Ser. \_\_\_\_\_  
 Street or PO Box \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_ **003220**

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.

**JULES M. AND GERALDINE A. BARSOTTI TRS**  
**2915 BROADWAY**  
**OAKLAND, CA 94611-5710**

**003220**

2. Article Number (Transfer from service label) \_\_\_\_\_

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  *[Signature]*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery **7-16-16**

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

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

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Domestic Return Receipt