

7014 2870 0001 3244 2621

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

For delivery information, visit our website at usps.com

OFFICIAL

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery (Endorsement) _____

GAB ASSOCIATES LLC
5 W SHORE ROAD
BELVEDERE, CA 94920-2461

003220

PS Form 3811, July 2013

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery _____

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

GAB ASSOCIATES LLC
5 W SHORE ROAD
BELVEDERE, CA 94920-2461

003220

Service type
 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 2621

PS Form 3811, July 2013

Domestic Return Receipt