

7014 2870 0001 3244 2614

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
(Endorsement)

Re-

GERALDINE A. BARSOTTI TR
5 W SHORE ROAD
BELVEDERE, CA 94920

Sen.

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 it is a flat mailpiece.

GERALDINE A. BARSOTTI TR
5 W SHORE ROAD
BELVEDERE, CA 94920

003220

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Geraldine A. Barsotti

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/18

Address different from item 1? Yes
delivery address below: 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

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Domestic Return Receipt