

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at usps.com

7011 3500 0003 1935 1597

OFFICIAL

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

Street or PO Box _____
 City, State, ZIP+4® _____

PS Form 3800, August 2006 See Reverse for Instructions

Bruce Vuong
30338 Meridian Circle
Union City, CA 94587-1589

003223

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bruce Vuong</u></p> <p>C. Date of Delivery <u>3/6/18</u></p> <p>Address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If different, provide delivery address below:</p>
<p>1. Article Addressed to: _____</p> <p>Bruce Vuong 30338 Meridian Circle Union City, CA 94587-1589</p> <p>003223</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7011 3500 0003 1935 1597</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	