

7011 3500 0003 1848 1554

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage) (d)

For delivery information visit our website

OFFICIAL

Postage \$ _____
 Certified Fee \$ _____

Return Receipt* (Endorsement R-)
 Restricted* (Endorsement R-)

CHRISTINE KING AND BERITZHOFF, TRS
 ATTN: MICHAEL BERITZHOFF, TR
 1273 LAUREL LANE
 LAFAYETTE, CA 94549

mark Here

003225

City, State, or ZIP+4®

PS Form 3800, August 2006 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature M. Beritzhoff Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

CHRISTINE KING AND BERITZHOFF, TRS
 ATTN: MICHAEL BERITZHOFF, TR
 1273 LAUREL LANE
 LAFAYETTE, CA 94549

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7011 3500 0003 1848 1554