

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

For delivery information visit our website at www.usps.com

OFFICE

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

Postmark Here

M.J. GARFINKLE AND SUSAN G. BLOCK ETAL
 352 CAPETOWN DRIVE
 ALAMEDA, CA 94502-6426

7011 0191 E000 005E T100

PS Form 3800, August 2006 See Reverse for Instructions

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) _____</p> <p>C. Date of Delivery _____</p> <p>address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>other delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to _____</p> <p>M.J. GARFINKLE AND SUSAN G. BLOCK ETAL 352 CAPETOWN DRIVE ALAMEDA, CA 94502-6426</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 3500 0003 1810 9816</p>
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540