

| 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. | | A. Signature X <div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> | |
| 1 | | B. Received by: (Printed Name) | C. Date of Delivery 2/05/18 |
| <div style="border: 1px solid black; padding: 5px; transform: rotate(-2deg);"> LICHITY J S JR & RASZK DARRYL TRS & KAISER R ETAL 14 SANTA CLARA AVE SAN FRANCISCO, CA 94127-1518 </div> | | Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No | |
| | | 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. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | | 7011 3500 0003 1935 2297 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt 102595-02-M-1540 | |

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

OFFICE

7011 3500 0003 1935 2297

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

LICHITY J S JR & RASZK DARRYL TRS & KAISER R
ETAL
14 SANTA CLARA AVE
SAN FRANCISCO, CA 94127-1518

003277

PS Form 3800 August 2006
See Reverse for Instructions