

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

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

OFFICIAL

Postage \$ _____
 Certified Fee _____

Return Receipt*
 (Endorsement P...)

Restrict...
 (Endr...)

3014 CHAPMAN STREET LLC
 C/O MADISON PARK FINANCIAL
 155 GRAND AVE 10TH FLOOR
 OAKLAND, CA 94612-3758

003288

PS Form 3800, August 2006 See Reverse for Instructions

7011 3500 0003 1935 1481

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 <u>3/15</u></p> <p>address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>3014 CHAPMAN STREET LLC C/O MADISON PARK FINANCIAL 155 GRAND AVE 10TH FLOOR OAKLAND, CA 94612-3758</p>	<p>Service type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input 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>003288 7011 3500 0003 1935 1481</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	