

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of thor on the front if space permits.	sired. the reverse you.	A. Signatur X B. Repeived	d by (Prin	ted Name)	Agent Addressee C. Date of Delivery
	X				
OAKLAND UNIFIED C/O PROPER 1025 2ND AV OAKLAND	TY MANAGE	:R	delive	ery address belo	ow: 🗆 No
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C/O PROPER 1025 2ND AV	TY MANAGE /ENUE, #316	Certif	ied Mail stered ed Mail	☐ Express M ☐ Return Rec	lail