

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

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

7010 3090 0002 3273 8092

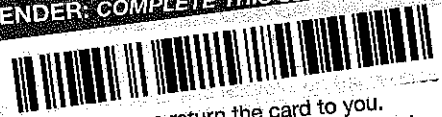
OFFICIAL USE

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$2.70

0104
 18
 Postage Here
 06/22/2016
 0833 G100

Sent To
 James + Katherine Suedke
 Street, Apt. No., or PO Box No. 136 Lassen Ave
 City, State, ZIP+4 San Bruno CA 94066
 PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION



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.

1. Article Addressed to:
 James M. + Katherine E. Suedke
 136 Lassen Ave
 San Bruno, CA 94066

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)
 PS Form 3811, July 2013

Domestic Return Receipt

7010 3090 0002 3273 8092