

WC-07-88 13010 SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY** A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Agen Print your name and address on the reverse C Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Del Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: If YES, enter delivery address below: Jack Hybl 3. Service Type 241 Alameda de las Pulgas Certified Mail Express Mail Atherton, CA 94027 CI Registered Return Receipt for Merchandise Insured Mail 0.0.0 4. Restricted Deliverv? (Extra Fee) C Yes Article Number 0990 9685 9882 E000 7005 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-14