

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7012 2210 0000 5367 8457

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

*CAFO*  
*8/17/17*  
 Postmark Here

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

William O. Perry, IV  
 Perry Homes Utah, Inc.  
 17 East Winchester Street, Suite 200  
 Murray, UT 84107  
 CWA-08-2017-0015

PS Form 3800, A

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>  | <p>A. Signature <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to: <span style="float: right; color: blue;">AUG 18 2017</span></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>William O. Perry, IV<br/>             Perry Homes Utah, Inc.<br/>             17 East Winchester Street, Suite 200<br/>             Murray, UT 84107<br/>             CWA-08-2017-0015</p> </div> | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p>  |
| <p>2. Article Number<br/>           (Transfer from service label)</p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |
| <p>7012 2210 0000 5367 8457</p>   |  |
| <p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>   |  |