

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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to: <i>SEP 26 2007</i>	B. Received by (Printed Name)	C. Date of Delivery <i>10/1/08</i>
<div style="text-align: center;"> <p>Meryash Family Trust              199 La Rancheria              Carmel Valley, CA 93924</p> </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <i>TSCA 08 2007-0011</i>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <small>(Transfer from air)</small>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  <div style="text-align: center; font-size: 1.2em;">             7005 1820 0005 4855 5113           </div>	
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>PS Form 3811, February 2004</span> <span>Domestic Return Receipt</span> <span>102550-00-M-1340</span> </div>		