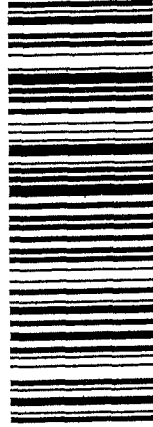


Office of
BOARD OF SUPERVISORS
 City Hall
 1 Dr. Carlton B. Goodlett Place, Room 244
 San Francisco, CA 94102-4689

7012 2210 0000 9184 0489

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 2210 0000 9184 0489
 7012 2210 0000 9184 0489

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

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

OFFICIAL USE

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

Postmark
 Here

Attn: Shawn Huff

Sent To *Dept. of Housing & Community Development*
 Street, Apt. No.;
 or PO Box No. *2020 West Camino Avenue*
 City, State, ZIP+4 *Sacramento, CA 95833-1829*

PS Form 3800, August 2006

See Reverse for Instructions

U.S. P
 ZIP 9
 02 1
 0001

Dept. of Housing & Community Development
2020 W. Camino Avenue
Sacramento, CA 95833-1829
Attn: Shawn Huff

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse 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:

*Dept. of Housing and Community
 Development
 2020 West Camino Ave.
 Sacramento, CA 95833-1829*

2. Article Number

(Transfer from service label)

7012-2210-0000-9184-0489

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540