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IRVINE, CA 92602-9998  
053712-0256  
(800)275-8777  
04/08/2020 11:32 AM

U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

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IRVINE, CA 92620

Certified Mail Fee	\$3.55	\$2.85
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.55	
<b>Total Postage and Fees</b>	<b>\$6.95</b>	

Sent To: **Gustav Aarnæs**  
Street and Apt. No., or PO Box No.  
**5 Diamante**  
City, State, ZIP+4®  
**Irvine, CA 92620**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Product	Qty	Unit Price	Price
First-Class Mail® Letter (Domestic) (IRVINE, CA 92620) (Weight: 0 Lb 0.80 Oz) (Estimated Delivery Date) (Friday 04/10/2020)	1	\$0.55	\$0.55
Certified (USPS Certified Mail #) (70192280000142579810)			\$3.55
Return Receipt (USPS Return Receipt #) (9590940250789092488752)			\$2.85
<b>Total:</b>			<b>\$6.95</b>
Credit Card Remitd (Card Name: VISA) (Account #: XXXXXX3379) (Approval #: 19501D) (Transaction #: 125) (AID: A000000031010) (AL: VISA CREDIT) (PIN: Not Required)			\$6.95

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  Date of Delivery

B. Received by (Printed Name) **GUSTAV AARNAES**

C. Is delivery address different from item 1?  Yes  No

D. Is delivery address different from item 1?  Yes  No

3. Service Type

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail (over \$500)  
 Insured Mail Restricted Delivery

**Domestic Return Receipt**

**COMPLETE THIS SECTION**

1. Article Addressed to:  
**Gustav Aarnæs, President  
Board of Directors  
5 Diamante  
Irvine, CA 92620-1904**

2. Article Number (Transfer from service label)  
**9590 9402 5078 9092 4887 52**

PS Form 3800

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

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