

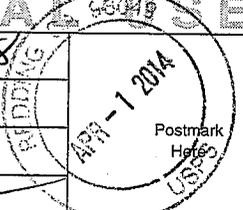
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print name) _____ Date of Delivery _____</p> <p>Delivery address different from item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p style="text-align: right;">MB</p> <p>Good Luck Me, LLC c/o Ashish Sharma 420 Alamo Ave. Weed, CA 96094</p> </div>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <h1 style="margin: 0;">RECEIVED</h1> <p style="font-size: 1.2em; margin: 0;">APR - 3 2014</p> </div> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7013 0600 0002 4315 6967</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

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	\$.48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	/
Total Postage & Fees	\$ 6.48



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ETOL

Sent To: **GOOD LUCK ME, LLC % ASHISH SHARMA**

Street, Apt. No., or PO Box No.: **420 ALAMO AVENUE**

City, State, ZIP+4: **WEED, CA 96094**

PS Form 3800, August 2006 See Reverse for Instructions