

7COB-206

7006 0100 0006 6762 7574

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

TCOB-206

Sent to
BAK Comm.
 Street, Apt. No.,
 or PO Box No. **8421 N. Lake Blvd. Ste 205**
 City, State, ZIP+4
Beverly Hills, CA 90211

PS Form 3800, June 2002 See Reverse for Instructions

| 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 <i>x P Asadi</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Marisa Asadi</i></p> <p>C. Date of Delivery <i>1-10-07</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to <i>BAK Comm. LLC</i> <i>8421 N. Lake Blvd</i> <i>Ste 205</i> <i>Beverly Hills, CA</i> <i>90211</i></p> | <p>3. Service Type <i>TCOB-206</i> <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.</p> |
| <p>2. A</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>PS</p> | <p>102595-02-M-1540</p> |