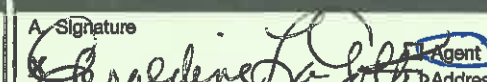


4882 6574 0000 011E 0002

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	
2402 Postage \$ 46	RECEIVED Postmark here JUL 25 2013
Certified Fee 310	
Return Receipt Fee (Endorsement Required) 255	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ 64	
Sent To Hagotta Bachman Living Trust 6/15/12 Street, Apt. No., or PO Box No. 1220 Royal Street City, State, ZIP+4 Key West, FL 33040	
PS Form 3840, June 2004 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. 	A. Signature 
1. Article Addressed to: 2402 Hagotta Bachman Living Trust 6/15/12 to Geraldine Hagotta Joseph S. Bachman 1220 Royal Street Key West, FL 33040 JY 13-922	B. Received by (Printed Name) C. Date of Delivery GERALDINE HAGOTTA 7.31.13
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7003 3110 0003 4759 2384	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	