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:

* 04-191
Louise H. Renne
Renne Sloan Holtzman & Sakai
50 California St.
Suite 2100
San Francisco, CA 94111

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) M ALLEN
B. Date of Delivery 9-23-05

C. Signature
X
☐ Agent
☐ Addressee

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

SAN FRANCISCO, CA PDC POSTAGE DUE SEP 23 2005 USPS

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label) 7003 1010 0002 4028 3171

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCKET NO. 04-191

7003 1010 0002 4028 3171

CY/C203

CERTIFIED MAIL

ORDER DATED 9/16/05
FCC 05M-41
MIMEOGRAPH NO.

* 04-191
Louise H. Renne
Renne Sloan Holtzman & Sakai
50 California St.
Suite 2100
San Francisco, CA 94111

REQUESTED

C. R. R. NO.

7003 1010 0002 4028 3171

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

SAN FRANCISCO CA 94111

Postage	$ $0.37
Certified Fee	2.30
Return Reciept Fee (Endorsement Required)	$1.75
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ 4.42

0791
31
Postmark Here
CY/C203
09/19/2005

Sent To LOUISE H. RENNE
Street, Apt. No.; or PO Box No. 50 CALIFORNIA ST #2100
City, State, ZIP+4 SAN FRANCISCO CA 94111

PS Form 3800, June 2002 See Reverse for Instructions