

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

**BASSIN FAMILY TRUST / NED BASSIN CO**  
**7950 E CRAMER ST**

**LONG BEACH, CA 90808-4424**  
**NQ/BA JV:1112 E ARTESIA BLVD:01**

**CITE CEAC283384**



**9590 9402 7848 2234 5656 51**

**2. Article Number (Transfer from service label)**

**7021 2720 0000 5351 2553**

**PS Form 3811, July 2020 PSN 7530-02-000-9053**

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

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

**C. Date of Delivery**

**TR** Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below: ☐ Yes ☐ No

**RECEIVED**  
**CODE ENFORCEMENT**

**FEB 07 2023**

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |   |
| <input type="checkbox"/> Insured Mail                            |   |

**Mail Restricted Delivery**

**10)**

**Domestic Return Receipt**