SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Deflux Mun Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?   Yes  Yes  No
Doug Morrison Environmental Law Northwest 17371 NE 67th Court, Suite 208 Redmond, WA 98052  Registered Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)
2. Article Number 701 (Transfer from service label)	3 1710 0002 3980 1027
PS Form 3811, February 2004 Domestic R	leturn Recelpt 102595-02-M-1540