			The State of the S	
SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY	
iten ■ Prir so t ■ Atta	mplete items 1, 2, and 3. Also com n 4 if Restricted Delivery is desired to your name and address on the r that we can return the card to you ach this card to the back of the ma on the front if space permits.	everse	A. Signature B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
1. Article Addressed to: 10 OCT		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
	Sean F. O'Quinn, Esq. Winston & Cashatt Bank of America Financial Center 601 West Riverside, Suite 1900 Spokane, WA 99210-0695	HEAL	KFRI	
			3. Service Type Certified Mail	Mail eceipt for Merchandise
			4. Restricted Delivery? (Extra Fee)	☐ Yes
2. (17a)	2010 10Pb boost	12 48 195	FIFEA. 10.	10.0247
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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540