

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:

David Zarosinski
520 SW Sixth Ave., Suite 1200,
Portland, Oregon 97202

97204

2. Article Number
(Transfer from service label)

Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

J Fisher

- Agent
- Addressee

B. Received by (Printed Name)

J Fisher

C. Date of Delivery

12.02.2014

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

97204

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0002 3980 3342

Domestic Return Receipt