| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mailpor on the front if space permits. | erse B. Received by (Printed Name) Vane SSA W.S.W. 5.19 |
| 1. Article Addressed to: | D. Is delivery address different from item 1? Yes |
| 5304 West Canal Di Kennewick, WA 99 | 3. Service Type |
| | ☐ Insured Mail ☐ Collect on Delivery |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | 7014 1200 0001 4321 2763 |
| PS Form 3811, July 2013 | Domestic Return Receipt |