SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Xevayi ala Agent Addressee B. Received by (Printed Name) Evangeh in Abra D. Is delivery eddress different from Item 12 Yes
1, Article Addressed to:	D. Is delivery address different from Item 1? Yes
Safety Coordinator I.S.A. Plant #2 International Seafoods of Alaska, 517 Shelikof Street Kodiak, Alaska 99615	Service Type Certified Mail
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7012	3460 0001 6397 6863
PS Form 3811, February 2004 Domesti	ic Return Receipt 102595-02-M-1540