| 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. | A. Received by (Please Print Clearly) B. Date of D C. Signature |
| Attach this card to the back of the mailpiece, or on the front if space permits. | X Age D Is delivery address different from item 19 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| 1. Article Addressed to: | D. Is delivery address different from item 13 Ves If YES, enter delivery address below: No. |
| Larry G. Elliot, Superintendent Wards Cove Packing Company d.b. 1775 Tongass Avenue Ketchikan, Alaska 99901 | a. E.C. Phillips and Son 3. Service Type Certified Mail Registered Registered Return Receipt for Merch |
| | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) | 18 10-2001-008 |
| PS Form 3811, July 1999 Domestic R | leturn Receipt 102595-99- |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of D |
| 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. | C. Signature X |
| 1. Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below. ☐ No |
| Alec W. Brindle, President Wards Cove Packing Company 88 East Hamlin Street Seattle, Washington 98105-0030 | EIVED 2 AMI 2 CLE REGION |
| | 3. Service Type Certified Malt |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) | 3-9111111111111111111111111111111111111 |
| PS Form 3811, July 1999 Domestic R | eturn Receipt 102595-99- |
| 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. Received by (Please Print Clearly) B. Date of Carolyn Hott C. Signature X. Carolyn Hott Age Age Age Age P. Is delivery address different from item 12 Yes |
| 1. Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below. ☐ No |
| RMMTM Corporation, Registered Wards Cove Packing Company 2 Union Square Suite 4800 Seattle, Washington 98101 | 3. Service Type |
| Soutte, Washington 20101 | Certified Mail |