

**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:

**Robert Chadwell  
McKay Chadwell, PLLC  
1601 One Union Square  
600 Univeristy Street  
Seattle, WA 98101**

2. Article Number  
(Transfer from service label)

7012 3460 0001 6397 1127

PS Form 3811, February 2004

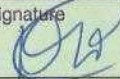
Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

D. Castro

C. Date of Delivery

11/12/13

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

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes