and the set	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>	A. Signature          X       Austy Legnalds       Agent         B. Received by (Printed Name)       C. Date of Delivery         C. REYNOLAS       8/1/13         D. Is delivery address different from item 12       Yes
1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Dennis D. Reynolds Law Office Attn: Christy A. Reynolds 200 Windslow Way West, # 380 Bainbridge Island, WA 98110	Service Type
	Registered Return Receipt for Merchandise
	Insured Mail C.O.D.
2. Article Number 7012 1010 (Transfer from service label)	Insured Mail C.O.D.  A. Restricted Delivery? (Extra Fee) Yes