

**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:

**Bertrand Robins, Vice President  
SeaCast, Inc.  
6130 - 31st Ave. NE  
Marysville, WA 98271**

2. Article Number  
(Transfer from service label)

7013 1710 0002 3980 1065

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*x Meg Anderson*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/13/14

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