

7009 3410 0000 2598 1937

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total P Mr. Robert Seghetti, Vice President
Acme Concrete Paving, Inc.

Sent To 4124 East Broadway
Street, A or PO Box Spokane, WA 99202
City, State CWA-08-2015-0025 CAFO

PS Form 3800, August 2006

See Reverse for Instructions

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:

Mr. Robert Seghetti, Vice President
Acme Concrete Paving, Inc.
4124 East Broadway
Spokane, WA 99202
CWA-08-2015-0025 CAFO

SFP 28 2015

2. Article Number
(Transfer from service label)

7009 3410 0000 2598 1937

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Doc Kappers* Agent
 Addressee

B. Received by (Printed Name) **DAVE KAPPERS** C. Date of Delivery **10-2-15**

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