| 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 mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X                            |
| Article Addressed to:  | If VEC anter delivery address below: DE No |
| Keith Vernon, President American Property Management 2154 N.E. Broadway, Suite 200 Portland, OR 97212  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   |  |
|  | ☐ Insured Mail ☐ C.O.D.                    |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2. Article Number (Transfer from service label) 7010 2780 0000 2171 8044   |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |  |