SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addresse B. Received by (Printed Name) C. Date of Deliver C. Date of Deliver C. Date of Deliver Addresse B. Received by (Printed Name) No C. Date of Deliver No No
1. Article Addressed to:	
Michael Saunders Member Apple King, LLC	3. Service Type
PO Box 4080 Yakima, WA 98904	Gertified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery
	Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise
Yakima, WA 98904	Gertified Mail® Priority Mall Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery