| 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 X Agent Addresse B. Beceived by (Protectivame) C. Date of Deliver Cott |
| Article Addressed to: | D. Is delivery address different from item 1? Yes |
| Linda T. Edwards Alyeska TAPS Valdez Marine T PO Box 196660, MS 507 | , dans y sada sa baran |
| | 3. Se vice Type Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise |
| Alyeska TAPS Valdez Marine T PO Box 196660, MS 507 | Terminal 3. Service Type Certified Mail® □ Priority Mail Express™ |