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 MAG Multiplication Addresse B. Received by (Printed Name) C. Date of Deliver Linda Suks dar 6 1219 (2) D. Is delivery address different from item 1? Tyes If YES, enter delivery address below: PO Poux A Moses Lake, WA Moses Lake, QS837
Article Addressed to:	
Steven Reed Plant Superintendent National Fozen Foods Corp. 14406 Road 3 NE Moses Lake, WA 98837	
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7011 2	970 0000 0880 8867
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