

**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:

Heidi J. Abrams  
 Sherrard McGonagle Tizzaon  
 19717 Front Street NE  
 Poulsbo, WA 98370

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 X *Marie W. Winkler*  Agent  Addressee
- B. Received by (Printed Name) *Marie Winkler*
- C. Date of Delivery *5-5-11*
- D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

11 MAY - 6 PM 12:47  
 RECEIVED WINKLER  
 HEARINGS CLERK  
 REGION 10

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

7010 1060 0002 0288 1648

RA-10-11-0037