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 mailplece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Primed Name)  C. Date of Delivery  2 12 10  C. Date of Delivery  2 12 10
1. Article Addressed to:  Safeway Inc. Bellevue Bread Plant Paul Jhotty, Plant Manager	HOT IS HELINARY address different from Item 1?
2100 12th Avenue N.E. Bellevue, WA 98005	3. Service Type  Lactified Mail
	4. Restricted Delivery? (Extra Fee) Yes
7009 0820 0001 6410 441	I PCRA-10-2010-0068
PS Form 3811, February 2004 Domestic Ref	urn Receipt 102595-02-M-1540

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