and the second	
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 A Clock Control Agent Addressee B Received by (Printed Name) C Date of Delivery ACKICK-OSDOCE D Is delivery address different from item 12 D
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Linda Cooper Leftwich Foundry, Inc. 97809 Canyon View Drive Kennewick, Washington 9933	8 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	70 0000 0880 7402
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-1540