SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3.</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 mailpiece, or at the front if space permits.</li> </ul>	A. Signature  X Addressee  B. Received by (Printed Name)  C. Date of Delivery	
Jeremy Leavitt	different from	
Food Safety & Compliance Di Borton & Sons, Inc.	rector	
2250 Borton Road		
Yakima, VVA 98903	*	
	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail <sup>TM</sup> ☐ Registered Mail Restricted
9590 9403 0670 5183 5102 30	☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	Delivery  Return Receipt for Merchandise
2. Article Number (Transfer from Service label)	Collect on Delivery Restricted Delivery Insured Mail	
7015 1520 0000 9113 PS Form 3811, April 2015 PSN 7530-02-000-9053	3257	Domestic Return Receipt
1.51 0HT 00 11, April 2010 1 0K 1000 02 000 0000		evente ver elementation element