

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:

**Roland Holtz
Superior Inspection Services, Inc.
1611 NE 126th Avenue
Portland, OR 97230**

2. Article Number
(Transfer from service label)

7014 1200 0001 4320 8360

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Cindy J. Vogel
 Agent
 Addressee

B. Received by (Printed Name)
Cindy J. Vogel
C. Date of Delivery
4/4/15

D. Is delivery address different from item 1?
If YES, enter delivery address below:
 Yes
 No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt