	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. Received by (Please Print Clearly) B. Date of C. Signature C. Signature D. Is delivery address different from item 1? Page 12 Address different from item 1?
David Forbush, Jr., Facility Manager	If YES, enter delivery address below:
Wards Cove Packing Company 5961 Tongass Highway Ward Cove, Alaska 99928	3. Service Type Certified Math Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) P 365 512 336	
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-
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, 	A. Received by (Please Print Clearly) B. Date of D C. Signature
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 4.7
RMMTM Corporation, Registered A Wards Cove Packing Company 2 Union Square Suite 4400 Seattle, Washington 98101	3. Service Type Certified Mail CExpress Mail
	Registered Return Receipt for Merch
	Registered Return Receipt for Merch Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) P365 512 334	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
P 365 512 334	☐ Insured Mail ☐ C.O.D.
P 365 512 334	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Reserved 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,	Insured Mail
PS Form 3811, July 1999 Domestic Reserved 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.	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes eturn Receipt 102595-99-N COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) B. Pate of D. C. Signature
PS Form 3811, July 1999 Domestic Re 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.	Insured Mail