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 Agent X Addressee B. Received by (Printed Name) C. Date of Delivery Delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
1. Article Addressed to:	
L. John Iani, Esquire Perkins Coie 1201 Third Avenue Suite 4800 Seattle, WA 98101	