

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:

**Jill Douglas
DT Warehouse, LLC
PO Box 1820
Mattawa, WA 99349**

2. Article Number

(Transfer from service label)

7013 1710 0002 3980 6640

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lisa Paganelli

Agent

Addressee

B. Received by (Printed Name)

Lisa Paganelli

C. Date of Delivery

5/28/14

D. Is 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.

4. Restricted Delivery? (Extra Fee)

Yes