SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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. Art

Mr. Dave White
Skills Incorportated
715 30th Street N
Seattle, WA 98002

9590 9402 1627 6053 2809 38

2. Article Number *(Transfer from service label)*

7016 0750 0000 4851 9685

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X V May.

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*: V. May.

C. Date of Delivery: 9/2/16

different from item 1? ☐ Yes
address below: ☐ No

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
ted Delivery

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt