

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-5-16

1. A

Michael Brown
Pacific Coast Seafood Co.
450 NE Skipanon Drive
Warrenton, Oregon 97146

CWA 0033

different from item 1? Yes
any address below: No

*PO Box 70
Warrenton OR
97144*



9590 9403 0978 5271 6234 07

2. Article Number (Transfer from service label)

7015 0640 0001 0935 6797

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail®

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery