COMPLETE THIS SECTION ON DELIVERY LETE THIS SECTION items 1, 2, and 3. Also complete if Restricted Delivery is desired. ☐ Agent X ☐ Addressee at your name and address on the reverse so that we can return the card to you. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: **Troy Peterson** Special Interest Auto Wrecking, LLC P.O. Box 1207 3. Service Type Kent, WA 98035 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise □ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 3460 0001 6397 6719 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

and present it when making an inquiry.