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TETE 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:

Mr. Dennis Reynolds **Dennis Reynolds Law Office** 200 Winslow Way W. Suite 380 Bainbridge Island, WA 98110

COMPLETE THIS SECTION ON DELIVERY	
A. Signature.	Agent ☐ Addressee
B. Received by (Printed Name) CHRISTY REYNOLD S	C. Date of Delivery
D. Is delivery address different from If YES, enter delivery address be	item 1? ☐ Yes elow: ☐ No
3. Service Type Certified Mail	Mail Receipt for Merchandise

☐ C.O.D.

2. Article Number

(Transfer from service label)

7012 3460 0001 6397 6467

4. Restricted Delivery? (Extra Fee)

☐ Insured Mail

PS Form 3811, February 2004

Domestic Return Receipt

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102595-02-M-1540

☐ Yes