TV-180802 11/02/18 PONA	LTY RU-EK
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes ☐ No
Jose Ibarra Martinez 214 S 67th Ave. Yakima WA 98908	V 19 2018 TO 2
9590 9402 3786 8032 1860 08	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Registered Mail™☐ Registered Mail™☐ Registered Mail Restricted ☐ Certified Mail Restricted Delivery☐ Certified Mail Restricted Delivery☐ Return Receipt for ☐ Cellect on Delivery Restricted Delivery☐ Signature Confirmation™☐
2. Article Number (Transfer from service label) 7015 1730 0000 6005 3703	□ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) □ Confirmation □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt