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.  Article Addressed to:	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different floor item. ?  If YES, enter delivery address below:
Joel Kronenberg - President Northwest Smoking and Curing, Inc. PO Box 2976 Bellingham WA 98227	DEC 1 1 2018 2
9590 9402 3786 8032 1863 36  2. Article Number (Transfer from service label) 7015 0640 0001 0740 0740	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail □ Insured Mail Restricted Delivery □ Insured Mail Restricted Delivery □ Insured Mail Restricted Delivery □ Signature Confirmation Mail Restricted Delivery □ Signature Confirmation Restricted Delivery
-V -V 10 F519 7530-02-000-9053	Domestic Return Receipt