


UW-180886 7-9-19 Order #3 EC-B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature x <i>Tom Harrison</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:  <p>Tom Harrison Vice President/Manager Harrison-Ray Water Company, Inc. P.O. Box 2818 Pasco WA 99302</p>  <p>9590 9402 3786 8032 3157 05</p>	<p>B. Received by (Printed Name) <i>TOM HARRISON</i> C. Date of Delivery <i>7-12-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED JUL 22 AM 9:43</p>
2. Article Number (Transfer from service label) <b>7015 1730 0000 6002 6363</b>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt