DG-180113 02/13/18	Penalty RC-LH
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X /2/ Agent
Attach this card to the back of the mailpiece	B. Received by (Printed Name)  C. Date of Delivery
or on the front if space permits.	b. Heceived by (Printed Name) C. Date of Delivery 2121
Article Addressed to:	D. Is delivery address different from item 12. T. Vos
	If YES, enter delivery address below:
	OF AR SE
Richard Thompson	2 2 8 m
Box 274 Maple Valley WA 98038	S S S S
The valid with the second	3. Service Type
	☐ Adult Signature ☐ Registered Mail™
9590 9402 1824 6104 4283 03	Certified Mail®  Certified Mail Restricted Delivery  Return Research for
2. Article Number (Transfer from service label)	☐ Collect on Delivery Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation TM
_ 7015 0920 0001 8189 0618	☐ Insured Mail ☐ Insured Mail Restricted Delivery ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500)
	Domestic Return Receipt