TN-180770 10 10 18	Letter KC-B00
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse	A. Signature X
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.	B. Received by (Printed Name) C. Date of Delivery Jennine Lint
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: □ No
East County Senior Center PO Box 602 Monroe, WA 98272	2018 OCT 2 STATE O STATE O STATE O STATE O
9590 9402 3786 8032 1859 26	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery □ Signature Confirmation □ Signature Confirmation
2. Article Number (Transfer from service label) 7015 0920 0001 8189 0	Insured Mail lestricted Delivery Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt