TC - 19013 0 3/19/19 SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
Pacific Northwest Transportation Services, Inc. PO BOX 2163 Olympia WA 98507	
9590 9402 3786 8032 1869 85	3. Service Type ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail® ☐ Certified on Delivery ☐ Collect
2. Article Number (Transfer from service label) 7015 1730 0000 6005 2096	☐ Collect on Delivery Hestricted Delivery ☐ Signature Confirmation ☐ Insured Mail Restricted Delivery (over \$500) ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt