

TN-190931 PENALTY 12-3-19 RC/PC

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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>P Collins</i></p> <p>B. Received by (Printed Name) <i>Paige Collins</i> C. Date of Delivery <i>12/5/19</i></p>
<p>1. Article Addressed to:</p> <p>Council on Aging &amp; Human Services  d/b/a COAST  P.O. Box 107  Colfax, WA 99111</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><b>RECEIVED</b>  <b>RECORDS MANAGEMENT</b>  <b>DEC 11 2019</b></p>
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 3786 8032 3155 52</p> <p>7015 1730 0000 6002 5168</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	<p>Restricted Delivery</p> <p>Domestic Return Receipt</p>