SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse 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. 	A. Signature Agent Addressee B. Received by (Pinted Name) C. Date of Delivery 12-16-19
1. Article Addressed to: Spokane Professional Movers LLC 1707 E Holyoke Ave	D. Is delivery address different from item 17
Spokane WA 99217 9590 9402 3786 8032 3168 18	STATE OF WASH. JTL. & TRANSP. COMMISSION 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery
2. Article Number (Transfer from service label) 7016 1370 0000 0967 1587 PS Form 3811, July 2015 PSN 7530-02-000-9053	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail lail Restricted Delivery ☐ Open Strict Mail lail Restricted Delivery ☐ Domestic Return Receipt