DG-200 II 3/2/2020 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 Juliu Fattos Addressee
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.	305ica feets 94/2020
Article Addressed to:	D. Is delivery address differentiation item 1?
Randy Lipe 6000 NE 88th St.	MAR 16 2020 STATE OF WASH.
Vancouver WA 98665	3. Service Type TRANSP. COM PASS Man Express®
	□ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Registered Mail Restricted Delivery □ Certified Mail®
9590 9402 5064 9092 9981 73	☐ Certified Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery ☐ Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation
7014 3490 0001 5403 7206	Mail Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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