TV-180095 03/06/18	Letter RC-LH
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 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. Article Addressed to: 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery Address different from item 1? If YES enter delivery address below: No
ANC Movers Inc. 5305 NE 121st Street UNIT 106 Vancouver WA 98682	If YES, enter delivery address below: No No No No No No No No No N
9590 9401 0060 5071 6201 96 2. Article Number (Transfer from service label)	3. Service Type
7015 1730 0000 6005 2553 PS Form 3811, April 2015 PSN 7530-02-000-9053	Insured Mail Restricted Delivery Restricted Delivery (over \$500) Domestic Return Receipt