| 1 TN-180770 10/16/18 | Letter RC-B30 |
|--|--|
| 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. | Agent Addressee |
| Attach this card to the back of the mailpiece, or on the front if space permits. | B Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: | D. Is delivery address different from item 1? X Yes If YES, enter delivery address below: No |
| | 101 E Market St Aberdeen wA 98520 |
| Coastal Community Action Program | Aberdeen wa 98520 |
| 117 E Third St. | |
| Aberdeen, WA 98520 | |
| 9590 9402 3786 8032 1858 89 | 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted ☐ Delivery |
| 0000 0 102 0100 0002 1000 00 | ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Merchandise |
| 2. Article Number (Transfer from service label) | ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ |
| 7015 0920 0001 8189 0748 | Mail Restricted Delivery Restricted Delivery (00) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |