TE-190072 5/2/19 L 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. 1. Article Addressed to: 	A. Signature X Agent Addressee B. Regeived by (Printed Name) C. Date of Delivery 5-13-19 D. Is delivery address different from 1? Yes
Blessed Limousine, Inc. 3932 62nd Ave. Ct. E. Fife WA 98424	If YES, enter delivery address below: No
9590 9402 3786 8032 1866 95 2. Article Number (Transfer from service label) 7014 3490 0001 5403 7404	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail ™ ☐ Registered Mail ™ ☐ Return Receipt for ☐ Merchandise ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt