TC-170920 PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION Attach this card to the back of the mailpiece, or on the front if space permits. Print your name and address on the reverse ■ Complete items 1, 2, and 3. 1. Article Addressed to: 7015 0920 0001 8189 1233 2. Article Number (Transfer from service label) so that we can return the card to you. 9590 9402 1824 6104 1844 21 Beeline Tours Ltd 8110 7th Ave. S. Seattle WA 98108 41/11/01 3. Service Type

□ Adult Signature
□ Adult Signature
□ Adult Signature
□ Certified Mail®
□ Certified Mail®
□ Certified Mail Restricted Delivery
□ Collect on Delivery Restricted Delivery
□ Collect on Delivery Restricted Delivery
□ Insured Mail Restricted Delivery
□ Insured Mail Restricted Delivery
□ Cover \$500)
□ Restricted Delivery
□ Signature Confirmation
□ Insured Mail Restricted Delivery
□ Signature Confirmation
□ Restricted Delivery
□ Signature Confirmation
□ Restricted Delivery COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No A. Signature B. Received by (Printed Name) agre-DC-LH ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted
☐ Delivery Domestic Return Receipt C. Date of Delivery ☐ Agent
☐ Addressee

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE