DG=180169 03/23/18	Letter RC-LH
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? ☐ Yes If YES, enter delivery address below: ☐ No
	18 18 A
Rock Placing Co.	
14115 E Trent Avenue Spokane WA 99216-1355	28 SAA
	3. Service Type ☐ Priority Mail Express® ☐ Rebistered Mail™
9590 9402 3197 7166 7498 22	☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Insured Mail ☐ Signature Confirmation
7015 1730 0000 6005 2683	☐ Insured Mail Restricted Delivery Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt