TV-171712-ORDER 08-10	-5-18 RC-RS
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	X Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	Coly hours 10-9
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Dolly, Inc.	
and ifth Avenue STE 600	8
Seattle WA 98164	9,5 <u>5</u> 5
OGGS.	
	万二年 57 至高
*** **** **** **** **** **** *** *** *	O Contra Trace
	3. Service Type □ Priority Mail Express® □ Adult Signature □ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Delivery
9590 9402 3786 8032 1873 40	☐ Certified Mail Restricted Delivery ☐ Return Receipt for
2 A Li La North Connection from a consiste (chall	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
2. Article Number (Transfer from service label)	☐ Insured Mail ☐ Signature Confirmation ☐ Insured Mail Restricted Delivery ☐ Restricted Delivery
7015 1730 0000 6005 3161	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt
1 11 111 11 11 11 11 11 11 11 11 11	and the second s