

TU 180772 letter 10-15-18 RC-RS

**SENDER: COMPLETE THIS SECTION**

- 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:

Anderson, David GM  
2732 French Rd. NW  
Olympia, WA 98502

9590 9402 3786 8032 1856 36

2. Article Number (Transfer from service label)  
7015 1730 0000 6005 4069

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*David GM Anderson*

B. Received by (Printed Name) C. Date of Delivery  
*David GM Anderson* 10-19-18

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery

2018 OCT 22 AM 11:00  
 OCT 19 2018  
 OLYMPIA WA  
 RECORDED

Domestic Return Receipt