TE-180773 Letter	10-15-18 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 so that we can return the card to you.	X Agent
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	Miriam Saldaña 10-17-18
1. Article Addressed to:	D. Is delivery address different from item 12 Yes
	If YES, enter delivery address below: No
MVP Limousine LLC	28
21405 29th Ave. S	SI 88
Seatac WA 98198	2 Carlo T
	3. Service Type ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail™
9390 9402 3786 8032 1872 41	Adult Signature Restricted Delivery Certified Mail® Registered Mail Restricted Delivery
	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Merchandise
	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ S
7015 1730 0000 6005 36	Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt