

TE-161021, 161020, 181030 ORDER 01 + 02 4-16-19 RC-PC

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:

Leavenworth Shuttle and Taxi, LLC
 PO Box 1041
 Leavenworth WA 98826



9590 9402 3786 8032 1865 89

2. Article Number (Transfer from service label)

7015 1730 0000 6002 5106

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X 

B. Received by (Printed Name) C. Date of Delivery

Shannon Lemons 4/22/19

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

STATE OF WASHINGTON
 RECEIVED
 APR 25 PM 3:01
 COMMUNICATIONS AND TRANSPORTATION

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
- Restricted Delivery