| 1 DG-180473 9/18/18 L   | etter 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  | Agent Addressee   |
| 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,<br>or on the front if space permits. | 2,050   |
| 1. Article Addressed to:  | D. Is delivery address different from item 1?  Yes  |
|   | If YES, enter delivery address below:   No  |
|   | 3 3 3   |
| Nicholas Wallin   | 4-9-18  |
| Wallin Excavating   | TOWN  |
| 1543 Sorenson Avenue  | E 200 00 00   |
| Enumclaw WA 98022   | The North Control of the Control of |
|   | 3. Service Type ☐ Priority Mail Express®  |
|   | ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Registered Mail Restricted  |
| 9590 9402 3197 7166 7495 56   | ☐ Certified Mail® ☐ Delivery ☐ Return Receipt for   |
|   | ☐ Collect on Delivery Merchandise   |
| 2. Article Number (Transfer from service label)                                     | ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Signature Confirmation  |
| 7013 2250 0000 3417 3190  | Insured Mail Restricted Delivery Restricted Delivery (over \$500)   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053  | Domestic Return Receipt   |