


TN-190036 3/19/19 Letter RC-LH

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name)</p> <p>Douglas H. PAMOL</p>	<p>C. Date of Delivery</p> <p>3/28/19</p>
<p>WHITE PASS COMMUNITY SERVICE COALITION P.O. BOX 789 MORTON WA 98356</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
 9590 9402 3786 8032 1869 92	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	
<p>2. Article Number (Transfer from service label)</p> <p>7015 1730 0000 6005 2102</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
<p>Domestic Return Receipt</p>		<p>RECEIVED MAR 28 11:00 AM '19 FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE</p>