| DG-180169 04/27/18   | Order OI RC-LH  |
|--|---|
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  A. M. M. M. M. M. S.  |
| Rock Placing Co. 14115 E Trent Avenue Spokane WA 99216-1355  | D. Is delivery address different from item 1?   |
| 9590 9402 3197 7166 7488 63  2. Article Number ( <i>Transfer from service label</i> )  7015 1730 0000 6005 2843  | 3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053   | Domestic Return Receipt   |