TV-190500, OL-1, LC	-CW 314/19
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X M Addressee B. Received by (Printed Name) C. Date of Delivery 8-16-19
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Michael C. Robertson 22117-50th Ave E Spanaway WA 98387	
9590 9402 3786 8032 3157 12	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Certified Mail®☐ ☐ Registered Mail Restricted Delivery ☐ Cellect on Delivery ☐ Cellect on Delivery ☐ Cellect on Delivery ☐ Signature Confirmation™☐
2. Article Number (<i>Transfer from service label</i>)	Collect on Delivery Restricted Delivery Lot Mail Holding Amail Ad Mail Restricted Delivery Restricted Delivery
	\$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt