TE-180773 lefter	10-15-18 PC-PS
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	Signature
Print your name and address on the reverse so that we can return the card to you.	Agent     □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Presidential Transportation LLC 918 Horton St. # 1010 Seattle WA 98134	ECEIVED SHANAG SHANAG SHANAG PARSHO
9590 9402 3786 8032 1873 33	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Cellect on Delivery □ Cellect on Delivery □ Cellect on Delivery
2. Article Number (Transfer from service Jabel) 7015 1730 0000 6005 367/3	☐ Collect on Delivery Restricted Delivery \(\) Insured Mail \(\) Insured Mail Restricted Delivery \(\) (over \$500) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt