

TE-190790; Payment Arrangement 11/16/19 - M

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Lemyn's Legacy Inc.  
 4508 N. Monroe St.  
 Spokane WA 99205



9590 9402 5064 9092 9985 86

2. Article Number (Transfer from service label)

7016 1370 0000 0967 1426

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Justice Grant*

- Agent
- Addressee

B. Received by (Printed Name)

*Justice Grant*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**RECEIVED  
RECORDS MANAGEMENT**

**NOV 21 2019**

**STATE OF WASH.**

3. Service type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail                                    |   |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500)   |   |