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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Agent  Addressee  B.) Received by (Printed Name)  C. Date of Delivery
InnerPrizin LC  214 S. Eastern Rd #11 Spokane Valley WA 99212	D. Is delivery address different from item 1?  Yes FMES OF COMMISSION  PLANTAGE OF WASH.  UTIL. & TRANSP. COMMISSION
9590 9402 3786 8032 3155 38  2. Article Number ( <i>Transfer from service label</i> ) 7015 1730 0000 6002 5199	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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