| DG-180247 4/17/19 L | etter RC-LH |
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| 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. 1. Article Addressed to: | A. Signature Agent Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| Greg Bacon 6510 N. Brannon Lane okane WA 99208 | 3. Service Type |
| 9590 9402 3786 8032 1852 23 | □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Signature Confirmation |
| 2. Article Number (<i>Transfer from service label</i>) 7015 1730 0000 6000 PS Form 3811, July 2015 PSN 7530-02-000-9053 | □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt |