

TE-17115 01/29/18

order 01 RC-LH

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
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Roshawn Yate 2/6 UC 30/1/18

1. Article Addressed to:

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

Lifestyle LLC
 PO Box 112064
 Tacoma WA 98411-2018



9590 9402 1824 6104 4281 98

2. Article Number (Transfer from service label)

7015 0920 0001 8189 0496

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

RECEIVED
 MAIL ROOMS MANAGER
 FEB - 8 AM 8:29
 STATE OF WASH
 AND TRAN
 COMMISSION