

TE-180582 11/06/18
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:

Christopher Kelly
525 Alpine Pl. Apt. A3
Leavenworth, WA 98826

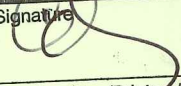


9590 9402 3786 8032 1868 31

2. Article Number (Transfer from service label)
7014 2120 0004 6159 6738

PS Form 3811, July 2015 PSN 7530-02-000-9053

Letter RC-LH
COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) Chris Kelly

C. Date of Delivery 11/21/18

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

RECEIVED
RECORDS MAIL
STATE OF WASHINGTON
JUL AND
COMMISS
DEC 10 AM 8:56

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

Domestic Return Receipt