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:	A. Signature  X JUAN New Complete THIS SECTION ON DELIVERY  A. Signature  X JUAN New Complete Addressee  B. Received by (Printed Name)  Shara Vathaway  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
East County Senior Center PO Box 602 Monroe WA 98272	3. Service Type Priority Mail Express® Registered Mail Two Mail Restricted
9590 9402 1824 6104 4277 33  2. Article Number (Transfer from service label)	□ Adult Signature Restricted Delivery □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Restricted Delivery □ Signature Confirmation Restricted Delivery
2. Article Number 12730 0000 6005 4 7015 1730 0000 6005 4 PS Form 3811, July 2015 PSN 7530-02-000-9053	Domocas