| TE-186773 Lefter | 10-15-18 RC-105 |
|---|---|
| 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. | A. Signature A. Agent Addressee |
| Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: | B. Received by (Printed Name) C. Date of Delilvery D. Is delivery address different from item 1? Yes |
| Willows Lodge Associates, L.L.C. 14580 NE 145th St. | No |
| Woodinville WA 98072 | 3. Service Type ☐ Adult Signature ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted |
| 9590 9402 3786 8032 1872 89 2. Article Number (<i>Transfer from service label</i>) | ☐ Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation |
| 7015 1730 0000 6005 366 PS Form 3811, July 2015 PSN 7530-02-000-9053 | Mail Restricted Delivery DO) Domestic Return Receipt |