110136 3/1/1	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	A. Signature A. A.
<ul><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse</li></ul>	X Jun CM D Addressee
so that we can return the card to you.	(B) Deceived by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	SANCT COLONS 1 36/19
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	8 2 3 5 6
	15g 0 19
Buckley Senior Citizens, Inc.	2 = <b>3</b>
PO BOX 147 Buckley WA 98321	3 Service Type
	3. Service Type ☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery
9590 9402 3786 8032 1866 88	☐ Certified Mail®  Delivery ☐ Return Receipt for
	☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
2. Article Number (Transfer from service label) 7014 3490 0001 5403 7398	☐ Insured Mail ☐ Insured Mail Restricted Delivery ☐ Restricted Delivery
7014 3490 0001 3403 7316 PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt
PS Form 30 1 1, July 2010 1 011 1000 02 000 1	