TN-170157 04/18/18	Letter 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 X. Addressee B. Received by (Printed Name) APR 1 3 2018
1. Article Addressed to: East County Senior Center PO Box 602 Monroe WA 98272	D. Is delivery address different from item 1? If YES, enter delivery address below: No No No No No No No No No N
9590 9402 3197 7166 7499 21 2. Article Number (Transfer from service label) 7015 1730 0000 6005 2768	Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Collect on Delivery Collect on Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt