TV-171005 01/2418	order 02 RC-LH
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Iron Man Movers and Storage, Inc. 1495 Lahti Dr.	ZOIB FEB -
Bellingham WA 98226  9590 9402 1824 6104 4280 82  2. Article Number ( <i>Transfer from service label</i> )	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Insured Mail
7015 0920 0001 8189 0489	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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