1	TE180773 Letter 10	-15-18 RC-RS
	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 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
	Wineries Express, LLC 115 S 2nd St STE E Selah WA 98942	MEGI Trongs III MIR OCT 22 STATE OF UTIL, AND COMMIS
	9590 9402 3786 8032 1873 26	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery
	2. Article Number (Transfer from service label)	Insured Mail Insured Mail Restricted Delivery
	7015 1730 0000 6005 368	B D (a) (vial) Restricted Delivery (vial) (a) (vial) (b) (vial) (b
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt