

TN-170131 05/23/18 Letter RC-LH

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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stillaguamish Senior Center
 18308 Smokey Point Blvd.
 Arlington WA 98223



9590 9402 3197 7166 7489 93

2. Article Number (Transfer from service label)

7015 1730 0000 6005 2973

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pam O'Hara

- Agent
- Addressee

B. Received by (Printed Name)

PAM O'HARA

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery