

UT-170861 02/22/19

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.

1. Article Addressed to:

Delinda Kluse  
 One Telephone Drive PO Box 609  
 Mount Vernon OR 97865



9590 9402 3786 8032 1853 53

2. Article Number (Transfer from service label)

7015 1730 0000 6005 2034

A. Signature

X *Kiley Derricks*  Agent  Addressee

B. Received by (Printed Name)

*Kiley Derricks*

C. Date of Delivery

*02/26/19*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

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