1E - 1 10 13 1 4 10 110 130 0 0000	1010117 NO UU
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1 and 3.	A. Signature
■ Print your name and address on the reverse	<b>Y</b> Agent
so that we can return the card to you.	Address
Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delive
or on the front if space permits.	
1. Article Addressed to: LOGGED/CASES	D. Is delivery address different from item 1?  Yes
EMAILED/ DY	If YES, enter delivery address below:
- of pe	0- 0- 2/6/
	- CO 7/2 TOUR
Puget Express, LLC	Jours of her
3800 S. 176th St.	= = = = = = = = = = = = = = = = = = = =
Seatac WA 98188	
	3. Service Type
	☐ Adult Signature ☐ Registered Mail™
	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restri
9590 9403 0883 5223 7604 12	☐ Certified Mail Restricted Delivery ☐ Return Receipt for
O Adda November (Transfer for the Control of the Co	☐ Collect on Delivery
2 Article Number (Transfer from service label)	☐ Insured Mail ☐ Signature Confirmation
7015 0640 0001 0769 2088	☐ Insured Mail Restricted Delivery Restricted Delivery (over \$500)
DO = 0011 11 001	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Recei