| TE-186773 Letter | 10-15-18 | RC-RS |
|--|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON D | 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. Signeture X B. Fleceived by (Printed Name) | ☐ Agent ☐ Addressee C. Date of Delivery |
| Four Star Enterprises LLC 95608 E. Safebrush Kennewick WA 99338 | D. Is delivery address different from If YES, enter delivery address to 2 | nitem 1? ☐ Yes pelow: ☐ No |
| 9590 9402 3786 8032 1869 47 2. Article Number (<i>Transfer from service label</i>) | 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Stricted Delivery stricted Delivery | □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt |