TV-130259	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, a Also complete item 4 if Restricted Delivery is desired. 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 X Agent Addressee B. Received by (Printed Name) C. Date of Delivery Achary Grip 6 AUG 13 D. Is delivery address different from Item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
Tacoma, WA 984465	3. Service Type State
5	4. Restricted Delivery? (Extra Fee) 30 0002 7740 8647
(Transfer from service label) PS Form 3811, February 2004 5/3 Domestic Return Receipt NOF 2014 102595-02-M-1540	