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.	COMPLETE THIS SECTION ON DELIVERY  A. Signature  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Alpha Omega Tours & Charters, Inc. PO Box 6484 Spokane WA 99217	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
9590 9402 3786 8032 1873 02  2. Article Number ( <i>Transfer from service label</i> )	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Stricted Delivery □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt