

UW-143980 02/14/18 order 04 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.

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:

Pelican Point Water Company
 PO Box 458
 Moses Lake WA 98837

9590 9402 1824 6104 4282 35

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

RECEIVED
 FEB 23 AM 8:55
 STATE OF WASHINGTON
 POSTAL SERVICE
 COMMUNICATIONS MANAGEMENT

2. Article Number (Transfer from service label)

7015 1730 0000 6005 2515

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	