| TC-170824 11/28/17 | order 01 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. | X Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: LOGGED/(ASE) EMAILED/ Puget Express, LLC 3800 S. 176th St. | D. Is delivery address different from item 1? If YES, enter delivery address below: No |
| Seatac WA 98188 9590 9402 1824 6104 1841 79 2. Article Number (Transfer from service label) 7015 0920 0001 8189 0182 | 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |