| TS-180767 10/12/18 | Notice, RC-BJO |
|--|--|
| 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 X |
| 1. Article Addressed to: | D. Is delivery address different from item 1? |
| Argosy L.P. 1101 Alaskan Way Pier 55 Suite 201 Seattle WA 98101 | |
| 9590 9402 1824 6104 4278 87 | 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery |
| 2. Article Number (Transfer from service label) | ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Insured Mail ☐ Signature Confirmation |
| 7015 1730 0000 6005 4922 | ☐ Insured Mail Restricted Delivery (over \$500) |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |