T1 180772 letter	10-15-18 RC-RS
SENDER: COMPLETE THIS SECTION	COMPLETE TI:IS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by Frinted Name  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CHIPMAN MOVING & STORAGE (SPOKAN 2704 N.Moore Lane Spokane Valley, WA 99216-1869	IE), INC.
9590 9402 3786 8032 1857 11  2. Article Number (Transfer from service label)	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Insured Mail Restricted Delivery □ Restricted Mail Restricted Delivery □ Signature Confirmation Restricted Delivery    Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt