

TN-170808 12/27/18 Letter RC-LH

**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.

1. Article Addressed to:

Cheney Care Foundation  
 2219 N. 6th St.  
 Cheney WA 99004-2199



9590 9402 3786 8032 1860 91

2. Article Number (Transfer from service label)

7014 2120 0004 6159 6868

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*(Handwritten Signature)*

- Agent
- Addressee

B. Received by (Printed Name)

*(Handwritten Name: DIANE STENTZ)*

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

RECEIVED  
 RECORDS MAIL  
 JAN - 3  
 8:16 AM  
 STATE OF WA  
 UTIL. AID  
 COMMS

Domestic Return Receipt