TN- 186770	10/16/18	Letter	RC-B	50
SENDER: COMPLETE THIS	COMPLETE TI:IS	SECTION ON DE	LIVERY	
■ Complete items 1, 2, and 3.		A. Signature		
Print your name and address so that we can return the can		* Dian	Ste	Agent D Addressee
Attach this card to the back		B. Regeived by (Pr		C. Date of Delivery
	or on the front if space permits.		Stents	
Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
Cheney Care Foundat 2219 N 6th St. Cheney, WA 99004-2	ion 199	OOMAA	2018 OCT 2	
9590 9402 3786 803		3. Service Type Adult Signature Adult Signature Restri Certified Mail® Certified Mail Restricte Collect on Delivery	cted Delivery	Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise
2. Article Number (Transfer from s	☐ Collect on Delivery Restricted Delivery Signature Confirmation Mail Mail Restricted Delivery Restricted Delivery Over ⇒000			
PS Form 3811, July 2015 PSN	7530-02-000-9053	/40	Dom	nestic Return Receipt