T6-190469 - PENALTY - 7 SENDER: COMPLETE THIS SECTION	COMPLETE TI:IS 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 Agent Addressee B. Received by (Printed 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
Lee A. Lamb d/b/a Lamb's Disposal 404 Silver Crown Avenue PO Box 44 Northport, WA 99157	5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
9590 9402 3786 8032 3155 90 2. Article Number (<i>Transfer from service label</i>)	3. Service Type
7015 0920 0001 8188 9834 PS Form 3811, July 2015 PSN 7530-02-000-9053	Destricted Delivers