TU 180772 Lefter	10-15-18 RC-RS
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
■ Print your name and address on the reverse	X Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
	If YES, enter delivery address below: No
	19
Delightfully Northwest, Inc.	8 B
PO Box 60053	
Shoreline, WA 98177	200 % 23
	3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
0500 0400 0700 0000 4057 70	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted
9590 9402 3786 8032 1857 73	Celtrified Mail® ☐ Certified Mail® ☐ Return Receipt for Merchandise
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
ru15 1730 0000 6005 391	Mail Signature Confirmation Alia Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt