TV 180772 Letter 10	0-15-18 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 so that we can return the card to you.	A hale V. Kon D Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery 10-22-18
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Spokane Transfer & Storage Co. PO Box 3181	OCT 2 2 2018
Spokane, WA 99202	0 /5 m
	3. Service Type
9590 9402 3197 7166 7496 55	☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Registered Mail Restricted
2. Article Number (Transfer from service label)	☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
7015 1730 0000 6005 420!	Mail Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt