SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Addressee  B. Reeeived by (Printed Name)  C. Date of Delivery  ASON OTNE ISON 3 12 18
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AMERICAN DISPOSAL COMPANY, INC. PO BOX 399 PUYALLUP WA 98371	3. Service Type  ☐ Certified Mail® ☐ Registered ☐ Insured Mail ☐ Collect on Delivery
Assessment the control of the construction desired from the construction of the control of the construction of the constructio	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7015 1730 0000 6005 2546	
PS Form 3811, July 2013 Domestic Return Receipt	