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SENDER: COMPLETE THIS SECTION	COMPLETE THIS 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. Article Addressed to: 	A. Signature Reiko Martine Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3/6/20/P D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Keiko Martinez d/b/a U-Relax Moving & Delivery Service 2504 NE 145th Street Shoreline WA 98155	55. 5.111 OO FTT
9590 9402 1824 6104 4276 65 2 Article Number (Transfer from service label) 7015 1730 0000 6005 472	3. Service Type.
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt