SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3.	COMPLETE THIS SECTION ON DELIVERY  A Signature
Print your name and address on the reverse	☐ Agent
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.	B Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
Ada-Lin Waste Systems, Inc. PO Box 13369 Spokane Valley WA 99213	4-1-02-04-04-04-04-04-04-04-04-04-04-04-04-04-
9590 9402 3786 8032 1853 15	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery
2. Article Number ( <i>Transfer from service label</i> ) 7014 2120 0004 6159 6837	□ Collect on Delivery Restricted Delivery □ Signature Confirmation™ □ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt