

TN-190036 2/13/19 Penalty RC-LH

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

WHITE PASS COMMUNITY SERVICE COALITION
P.O. BOX 789
MORTON WA 98356



9590 9402 3786 8032 1853 84

2. Article Number (Transfer from service label)

7015 1730 0000 6005 2003

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Douglas H. Hayden* Agent Addressee

B. Received by (Printed Name)

DOUGLAS H. HAYDEN 2-20-19

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

2019 FEB 22 AM 11:55
MAIL ROOM
RECEIVED

5. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt