

TN-190692 8/30/19

Penalty RC-LA

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:

Quality Behavioral Health
900 4th Street
Chickadee WA 99403



9500 173 10

2. Article Number (Transfer from service label)

7015 1730 0000 6002 6028

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X Deana Kennedy
 B. Received by (Printed Name) C. Date of Delivery
 Deana Kennedy

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery