TV-190694 9/6/19 Penal	ty RC-LH	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	ale joh e
<ul> <li>Complete items 1, 2, and 3.</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  DYAgen  Address  B. Received by (Printed Name)  C. Date of De  CV  SPENGY  9-9-	essee
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:	
Iron Man Movers and Storage, Inc. 135 Kelly Rd. Bellingham WA 98226		
9590 9402 3786 8032 3172 73	3. Service Type	estricted ation™
2. Article Number ( <i>Transfer from service label</i> ) 7014 3490 0001 5403 6667	☐ Insured Mail ☐ Signature Confirms  Restricted Delivery	ation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Re	ceipt