TV-180.6(1 07/26/18 P 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. 	A. Signature X
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Burgin Relocation, Inc. 2704 N. Moore Lane STE B Spokane Valley WA 99216	
9590 9402 3197 7166 7493 96	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation
2. Article Number (<i>Transfer from service label</i>) 7015 1730 0000 6005 4618 PS Form 3811, July 2015 PSN 7530-02-000-9053	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail Insured Mail Restricted Delivery (over \$500) ☐ Signature Confirmation Restricted Delivery ☐ Domestic Return Receipt