	SENDER: COMPLETE	Ocder 04 THIS SECTION	COMPLETE THIS SECTION ON	C-QH DELIVERY
The state of the s	 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 B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
	Armikka Bryant Dolly 901 5th Avenue STE 600		D. Is delivery address different from If YES, enter delivery address	om item 1?
	9590 9402 182 2 Article Number (<i>Transfer</i>	Seattle WA 98104 9590 9402 1824 6104 4278 49 Article Number (Transfer from service label) 7015 1730 0000 6005 49		☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise y☐ Signature Confirmation Restricted Delivery☐
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