## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse □ Addressee so that we can return the card to you. 3. Received by (Hinted Name). C. Date/of Deliver Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below Bow WA 98232 APR 2 3 2018 3. Service TypMATER RESOURCES Certified Mail<sup>2</sup> ☐ Priority Mail Express™ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 1640 0001 3857 6302 (Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt