

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:

David Quadracci
 2105 E Lafayette Pl
 Lake WA 53202



9590 9402 2289 6225 1784 15

2. Article Number (Transfer from service label)

7016 1970 0000 4424 4498

PS Form 3811, July 2015 PSN 7530-02-000-9053

177622
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

David Quadracci

Agent

Addressee

C. Date of Delivery

2/14/18

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt