COMPLETE THIS SECTION ON DELIVERY 9/23/19 : TV-190761 SENDER: COMPLETE THIS SECTION A. Signature 2 Agent ■ Complete items 1, 2, and 3. ☐ Addressee Print your name and address on the reverse C. Date of Delivery so that we can return the card to you. Received by (Phinted Name) 26 Attach this card to the back of the mailpiece, WITH BUT ☐ Yes D. Is delivery address different from item If YES, an er delivery address below: or on the front if space permits. ☐ No 1. Article Addressed to: RECORDS MANAGEMENT OCT 0 3 2019 STATE OF WASH. Clutter Inc. 21402 24th Ave S. STE A 3. Gorde Type RANSP. Des Moines WA 98198 ☐ Adult Signature
☐ Adult Signature Restricted Delivery Certified Mail®
 Certified Mail Restricted Delivery 9590 9402 3786 8032 3171 98 ☐ Collect on Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery Restricted Delivery 2. Article Number (Transfer from service label) Mail Mail Restricted Delivery 7014 3490 0001 5403 6742 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

Penalty

RC-LH