

UW-180147; UW-180148; UW-180149 3 Formal Complaints 2-16-18

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.

**Tom Harrison, Vice Pres./Manager
 Harrison-Ray Water Company, Inc.
 P.O. Box 2818
 Pasco, WA 99302**



9590 9402 1206 5246 4458 58

2. Article Number (Transfer from service label)
 7013 2250 0000 3417 4067

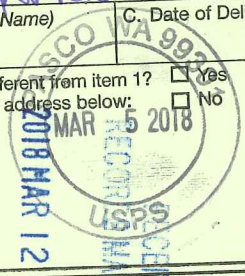
PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jerry Harrison* Agent
 X *TOM HARRISON* Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - X Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

RC-LW

Domestic Return Receipt