

D-180474 06/18/18 Penalty RC-LH

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input checked="" type="checkbox"/> X 	<input type="checkbox"/> Agent <input type="checkbox"/>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Jeremy Kauffman Builder's Supply Inc. 22013 West Bostian Rd Woodinville WA 98072 </div>  9590 9402 3197 7166 7492 59	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 7015 1730 0000 6005 4359	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;">  CMS STATE OF WASHINGTON DEPARTMENT OF REVENUE TAXATION AND FINANCE COMMISSIONER BOX 4050 OLYMPIA WA 98512 </div>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Domestic Return Receipt		