TV-180198 LETTER 3-11-2	
	OMPLETE THIS SECTION ON DELIVERY
Outspiete items 1, 2, and 0.	. Signature ☐ Agent
Print your name and address on the reverse so that we can return the card to you.	Addressee
■ Attach this card to the back of the mailpiece,	Received by (Printed Name)  C. Date of Delivery
or on the front if space permits.	ls delivery address wifferent from term 12 Yes
Article Addressed to:	If YES enterdelivery address below: NE No
	MAR 1 9 2020
3Z Move EC	STATE OF WASH.
14428 6, ve NE	UTIL. & TRANSP. COMMISSION
Kirkland WA 98034	Service Type
	dult Signature ☐ Registered Mail™
	dult Signature Restricted Delivery Certified Mail®  Registered Mail Restricted Delivery Delivery
	Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
7015 1730 0000 6002 61	5 & icted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt