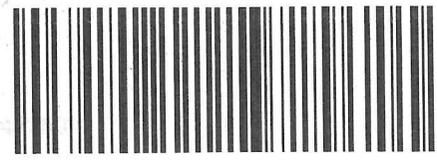


232  
3/7



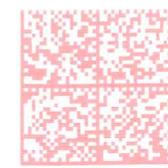
State of Washington  
WASHINGTON UTILITIES &  
TRANSPORTATION COMMISSIO  
1300 S. Evergreen Park Dr. S.W., P  
Olympia, WA 98504-7250

**CERTIFIED MAIL®**



7015 1730 0000 6005 2065

FIRST CLASS



U.S. POSTAGE PITNEY BOWES  
ZIP 98501 \$ 006.80<sup>0</sup>  
02 4W  
0000354556 MAR 07 2019

TE-170293

Posted

Case 5/Envised

RS 4/18/19

22  
3/9

Can't Stop Moving, LLC  
19114 49th PI W  
Lynnwood WA 98036

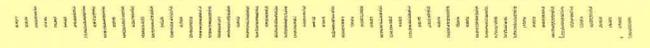
2019 APR -5 AM 10:16  
STATE OF WASH.  
UTIL. AND TRANSP.  
COMMISSION

NIXIE 980 DE 1 0104/02/19

RETURN TO SENDER  
UNDELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 985047250 \*1526-00202-07-41

985047250



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

TE-170293 3/7/19 Letter RC-LH

**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:

Can't Stop Moving, LLC  
 19114 49th PI W  
 Lynnwood WA 98036



9590 9402 3786 8032 1853 22

2. Article Number (Transfer from service label)

7015 1730 0000 6005 2065

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X

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
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

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

Domestic Return Receipt