


TG-190830 Penatty 10/23/19 RC-CW

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. 	<p>A. Signature <input checked="" type="checkbox"/> Dawn LeBar <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Sound Disposal, Inc. PO BOX 487 EDMONDS WA 98020</p>  <p>9590 9402 5064 9092 9984 70</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED RECORDS MANAGEMENT NOV 07 2019 STATE OF WASH. UTIL. & TRANSP. COMMISSION</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery</p>
<p>2. A</p>	<p>Confirmation™ Confirmation Delivery</p> <p>Domestic Return Receipt</p>

PS Form 3811, July 2013 PSN 7530-02-000-9053