

TE-200715

Penalty

3/23/20

RC-CIN

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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
 X MJM C-1 C-19 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 3-25-20

1. Article Addressed to:

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

Black Ball Transport Inc
 101 E. Railroad Ave
 Port Angeles WA 98362



9590 9402 3786 8032 3162 52

2. Article Number (Transfer from service label)

7015 1730 0000 6002 6875

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - 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

RECEIVED
 RECORDS MANAGEMENT
 APR 08 2020
 STATE OF WASH.
 UTIL & TRANSP. COMMISSION

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

Domestic Return Receipt

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3786 8032 3162 52

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

State of Washington
WASHINGTON UTILITIES &
TRANSPORTATION COMMISSION
621 Woodland Sq. Loop S.E., PO Box 47250
Lacey, WA 98503

