TE-190825 Penalty	10/18/19 pc-cw
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from them 1? Yes
	OCT 2 8 2019
Fife Maritime Inc. 2917 SW 332nd Place Federal Way WA 98023	STATE OF WASH. UTIL. & TRANSP. COMMISSION
9590 9402 5064 9092 9984 63	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
2. Article Number ( <i>Transfer from service label</i> ) 7015 1730 0000 6002 6530	□ Collect on Delivery Restricted Delivery □ Insured Mail Restricted Delivery (over \$500) □ Collect on Delivery Restricted Delivery □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt