

TE-191058 Penalty 2/14 - MV

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:

Assure Ride Non Emergency Medical Transportation Company, LLC  
720 N 10th St A #227



9590 9402 3786 8032 3167 33

2. Article Number (Transfer from container)

7016 1370 0000 0967 1631

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *T Hardy*  Agent  Addressee

B. Received by (Printed Name) T. HARDY C. Date of Delivery 2/18/20

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

RECORDS MANAGEMENT

FEB 24 2020

STATE OF WASH.

3. Service Type  Priority Mail Express®

Adult Signature  Registered Mail™

Adult Signature Restricted Delivery  Registered Mail Restricted Delivery

Certified Mail®  Return Receipt for Merchandise

Certified Mail Restricted Delivery  Signature Confirmation™

Collect on Delivery  Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)