

TG-171220 02/08/18
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:

Rubatino Refuse Removal Inc
PO BOX 1029
EVERETT WA 98206



9590 9402 1824 6104 4283 27

2. Article Number (Transfer from service label)
7015 0920 0001 8189 0595

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

Letter RC-LH
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X Paula Garcia
B. Received by (Printed Name) Paula Garcia
C. Date of Delivery 02/23/18
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

Domestic Return Receipt

RECEIVED
RECORDS MANAGEMENT
FEB 20 PM 1:50
STATE OF WASHINGTON
POSTAL SERVICE
COMMUNICATIONS