

TV-180772

12/5/18

Order 01

RC-B50

**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:**

All Star Transfer, Laron Williams, Inc.  
 24111 Hwy 99  
 STE 303  
 Edmonds, WA 98026



9590 9402 3786 8032 1864 73

**2. Article Number (Transfer from service label)**

7015 0920 0001 8189 0793

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

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X

- Agent
- Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

Leanne Lipscomb 12-7

- 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

STATE OF WASHINGTON  
 UTIL. AND COMM. DIV.  
 2018 DEC 14 AM 8:30  
 RECEIVED RECORDS M

Domestic Return Receipt