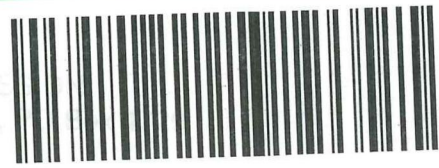


207
7/17



State of Washington
WASHINGTON UTILITIES
TRANSPORTATION CO
621 Woodland Sq. Loop
Lacey WA 98503

CERTIFIED MAIL®



7015 1730 0000 6002 5878

FIRST CLASS



U.S. POSTAGE PITNEY BOWES
ZIP 98501 \$ 006.95⁰
02 4W
0000354556 JUL 18 2019

TV-190 405/190410

2019 AUG 28 AM 9:39
STATE UTILITIES
TRANSPORTATION CO
LACEY WA 98503
[Handwritten signature]

People Movers LLC
11808 NE 160th Street
Bothell WA 98011

~~OC~~

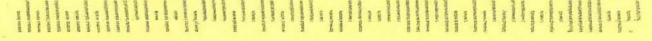
NL
8/7

NIXIE 980 DE 1 0008/24/19

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC
SECURITY CO

BC: 98503103699 *1526-13622-18-42



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
PRINTED ADDRESS ONLY AT DOTTED LINE

TV-190405 / TV-190410 7/17/19 Order 01 RC-LH

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 Agent
 Addressee
X

B. Received by (*Printed Name*) C. Date of Delivery

1. Article Addressed to:

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

People Movers LLC
 11808 NE 160th Street
 Bothell WA 98011



9590 9402 3786 8032 3151 70

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input checked="" type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (0) | |

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

7015 1730 0000 6002 5878

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

Domestic Return Receipt