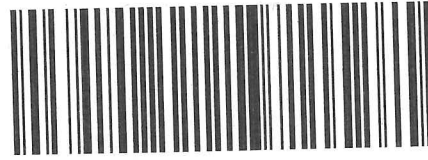


8/2
9-18



State of Washington
WASHINGTON UTILITIES &
TRANSPORTATION COMMISSION
1300 S. Evergreen Park Dr. S.W., PO Box
Olympia, WA 98504-7250

CERTIFIED MAIL®



FIRST CLASS



U.S. POSTAGE PITNEY BOWES
ZIP 98501 \$ 006.67⁰
02 4W
0000354556 SEP. 18. 2018

7015 1730 0000 6005 3147

2018 OCT 26 AM 8:15

STATE OF WASHINGTON
UTILITIES AND TRANSPORTATION
COMMISSION

Escapes Construction, LLC
807 N. Granite Ave.
Granite Falls WA 98252-8775

Handwritten initials: VU 9-18

-R-T-S- 982524013-1N 009 10/23/18

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

982528775 PO



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

DG-180566 Notification of Acceptance of Order - 9-18-2013 RC-PS

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:
 Escapes Construction, LLC
 807 N. Granite Ave.
 Granite Falls WA 98252-8775



2. Article Number (Transfer from service label)
 7015 1730 0000 6005 3147

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X

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

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input 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"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt