	DG-180903 LETTER 2-	-6 DON RCIPL
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3.	A. Signature
	Print your name and address on the reverse so that we can return the card to you.	☐ Agent ☐ Addressee
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by Printed Name) C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1?
		FEB 1 8 2020
	Tapani, Inc. 1904 SE 6th Pl.	
	Battle Ground, WA 98604	STATE OF WASH. UTIL. & TRANSP. COMMISSION
4	9590 9402 3786 8032 3164 36	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Cellect on Delivery □ Collect on Delivery
	2. Article Number (Transfer from service label) 7015 1730 0000 6002 5311	□ Collect on Delivery Restricted Delivery Mail Mail Restricted Delivery Mail Restricted Delivery Mail Restricted Delivery Mail Restricted Delivery Mail Restricted Delivery
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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