207 12/19

State of Washington WASHINGTON UTILITI TRANSPORTATION COMM 1300 S. Evergreen Park Dr. § Olympia, WA 98504-7250



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FIRST CLASS

Tiraogo Simpore 515 N. Division St Auburn WA 98001

FORWARD TIME EXP SIMPORE 1717 148TH ST E TACOMA WA 98445-

FWD

RETURN TO SENDER

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

PI ACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	
TV-170168 12/19/18	Letter RC-LH
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.	X Agent
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
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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9590 9402 3786 8032 1860 77	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery
2. Article Number (Transfer from service label)	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation ☐ Signature Confirmation
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