

T6-190830, Mitigation 11/14/19 - MJ

**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:

Sound Disposal, Inc.  
 PO BOX 487  
 EDMONDS WA 98020



9590 9402 3786 8032 3168 94

2. Article Number (Transfer from service label)

7016 1370 0000 0967 1570

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Dawn LeBar  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Dawn LeBar 11-20

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

**RECEIVED  
RECORDS MANAGEMENT**

**DEC 02 2019**

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
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

STATE OF WASH  
OTEL & TRANSP. COMMISSION