

TV-180132; TV-180133 04/16/18 Order 01 RC-LH

**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:

Keiko Martinez  
 2504 NE 145th Street  
 Shoreline WA 98155



9590 9402 3197 7166 7499 07

2. Article Number (Transfer from service label)

7015 1730 0000 6005 2744

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Keiko Martinez

C. Date of Delivery

4-21-18

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

STATE OF WASHINGTON  
 UTIL. AND TRANSPORTATION COMMISSION  
 APR 25 9:22 AM '18  
 RECEIVED RECORDS MANAGEMENT

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
- Insured Mail Restricted Delivery (over \$500)

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

Domestic Return Receipt