

TV-180133 letter 419118 PC-act

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 1824 6104 4277 40

2 Article Number (Transfer from service label)

7015 1730 0000 6005 4823

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-13-18

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

RECEIVED
RECORDS MANAGER
APR 17 AM 8:02
STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND TRADING COMMISSIONS

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

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

Restricted Delivery