

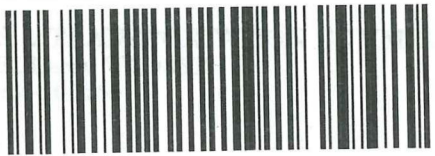
232
12/27



State of Washington
WASHINGTON UT
621 Woodland Square
P.O. Box 47250, Olymp

TE-19094

CERTIFIED MAIL®



7015 1730 0000 6002 6684

Tri Cities Limo LLC
P.O. Box 4792
Pasco WA 99302

93274020007883331
71: 94009228890392

FWD
9932070050
5350987999

FIRST CLASS



U.S. POSTAGE PITNEY BOWES
ZIP 98501 \$ 006.80⁰
02 4W
0000354556 DEC 27 2019

RECEIVED
RECORDS MANAGEMENT

FEB 14 2020

STATE OF WASH.
UTIL. & TRANSP. COMMISSION

207 NFF 1 C19C0012/31/19
NIXIE 992 CE 1 7202/09/20
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
MANUAL PROC REQ *1526-00114-27-40

TE-190996

Penalty

12/27/19

RC-CW

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:

Tri Cities Limo LLC
 P.O. Box 4792
 Pasco WA 99301



9590 9402 5064 9092 9987 53

2. Article Number (Transfer from service label)

7015 1730 0000 6002 6684

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

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

Domestic Return Receipt