TOGGODIN Return RC.				
D	SENDER:		I also wish to receive the	
2	Complete items 1 and/or 2 for additional services.		l also wish to receive the	
D	Complete items 3, and		following es (for an extra	vice
5	• Print your name and add on the reverse of this form so that we can return this card to you.		fee):	2
	• Attach this form to the front of the mailpiece, or on the back if space		1. Addressee's Address	Sel
-	does not permit.	, op acc		100
0	 Write "Return Receipt Requested" on the mailpiece below the art 		2. Restricted Delivery	eceipt
-	 The Return Receipt will show to whom the article was delivered a 	nd the date		Ce
5	delivered.		Consult postmaster for fee.	Re
2	3. Article Addressed to: 4a. A		icle Number	_
10		71	40185103	Return
5	Visit O. h. s. V.	4h Ser	vice Type	et
=	King Co Dept pro work	Regi	stered Insured	Œ
3	6: 11 1 1 1 1	- nogi		9
0	Solid Marke all	L Certi	ified COD	using
		☐ Expr	ess Mail Return Receipt for	3
7	Sectice 9810-1-2637	- W -	Merchandise	for
5	Decret de 2/010 1010.	7. Date	of Delivery	+
1		100	11/25 1990	O
Z	5. Signature (Addressee)	8. Add	ressee's Address (Only if requested	5
5	5. Signature (Addresses)		fee is paid)	Ê
				2
븬	6. Signature Agent)			-
=	Lay 1 . m. Ota 04			
õ	12011 2000 M			
20	PS Form 3811, December 1991 ±U.S. GPO: 1993-352	2-714 D	OMESTIC RETURN RECEIPT	



Print your name, address and ZIP Code here

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION
1300 S. EVERGREEN PARK DRIVE SW
PO BOX 47250
OLYMPIA WA 98504-7250