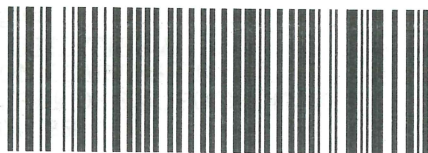


CERTIFIED MAIL®



State of W
WASHIN
TRANSP
1300 S. Ev
Olympia, W



RECEIVED
STATE OF WASH
DEPT OF TRANSPORTATION

7015 1730 0000 6002 5793 2019 JUL 24 PM 1:31

FIRST CLASS



U.S. POSTAGE PITNEY BOWES



ZIP 98501 \$ 006.80⁰
02 4W
0000354556 JUL 05 2019

UG-190482

Shawn Filippi
220 NW 2nd Ave
Portland, OR 97209

STATE OF WASH
DEPT OF TRANSPORTATION
IA

-R-T-S- 972084013-1N 07/19/19

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

IA

972084013-1N



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

UG-190482 7/5/19 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:

Shawn Filippi
220 NW 2nd Ave
Portland, OR 97209



9590 9402 3786 8032 3152 55

2. Article Number (Transfer from service label)

7015 1730 0000 6002 5793

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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
 - Mail Restricted Delivery (0)
 - 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