

D-180 982

1/7/19

Penalty

RC-BJO

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:



2. Article Number (Transfer from service label)

7015 0640 0001 0769 1227

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
MARC PETERSON

C. Date of Delivery
1/11/19

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

Jim Walton
 Washington State Dig Law Safety Committee
 P.O. Box 734
 Poulsbo WA 98370

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

RECEIVED
 RECORDS MANAGER
 2019 JAN 14 PM 1:55
 STATE OF WASHINGTON
 UTIL. AND TRANS. COMMISSION