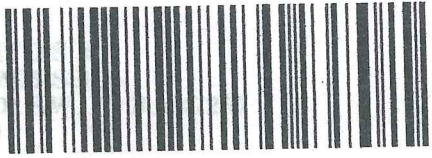


207
1/8



State of Washington
WASHINGTON UTILITIES
TRANSPORTATION COMPANY
1300 S. Evergreen Park Dr
Olympia, WA 98504-7250

CERTIFIED MAIL®



7014 2120 0004 6159 6936

FIRST CLASS



U.S. POSTAGE PITNEY BOWES



ZIP 98501 \$ 006.67⁰
02 4W
0000354556 JAN 08 2019

TY-170168
Cases/limited Rs 1/23
Posted

Simpore, Tiraogo
515 N. Division St
Auburn WA 98001

*JWS
C3*

STATE OF WASHINGTON
UTILITY TRANSPORTATION
COMMISSION

2019 JAN 23 AM 10:25

-R-T-S- 980014050-1N 01/17/19

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

980014050-1N



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

JV-170168 1/8/19

Letter RC-LH

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature Agent
 Addressee

X

B. Received by (*Printed Name*) C. Date of Delivery

1. Article Addressed to:

Simpore, Tiraogo
515 N. Division St
Auburn WA 98001



9590 9402 3786 8032 1854 45

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

2. Article Number (*Transfer from service label*)

7014 2120 0004 6159 6936

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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

Domestic Return Receipt