

TV-180287 07/16/18

Order 02 - RL-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. Wise*

B. Received by (Printed Name)  
*Brandon Wise*

C. Date of Delivery

1. Article Addressed to:

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

Wise Choice Movers, LLC  
 21129 State Route 9  
 Woodinville WA 98072



9590 9402 3197 7166 7493 03

2. Article Number (Transfer from service label)

7015 1730 0000 6005 4496

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

STATE OF WASHINGTON  
 UTL. AND TRADE COM.  
 2018 JUL 2  
 RECORDS