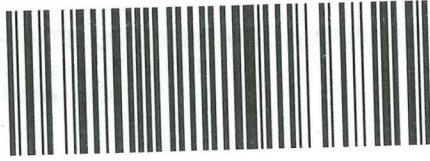


CERTIFIED MAIL



7015 1730 0000 6002 6608

Moseley, James
1824 Walnut St.
Everett WA 98203

FIRST CLASS



U.S. POSTAGE PITNEY BOWES



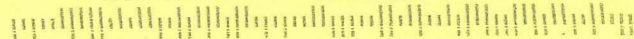
ZIP 98501 \$ 006.95⁰
02 4W
0000354556 NOV 20 2019

RECEIVED
RECORDS MANAGEMEN.
DEC 06 2019
STATE OF WASH.
UTIL. & TRANSP. COMMISSIOI

TV-19808

980 NEE 1 91817211/21/19
FORWARD TIME EXP RTN TO SEND
MOSELEY JAMES P
7711 284TH ST NE
ARLINGTON WA 98223-8477

RETURN TO SENDER



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

V-190808 / TV-190809 Order 01 11/20/19 PC-CW

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.
Article Addressed to:

A. Signature Agent
 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

Moseley, James
1824 Walnut St.
Everett WA 98203



9590 9402 5064 9092 9985 31

Article Number (*Transfer from service label*)
7015 1730 0000 6002 6608

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)	