

TE-190822 LETTER 3-11-2020 RC-PC

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, with the postage meter.

Nick Konopik
 840 SE 4th Ave
 Oak Harbor WA 98277



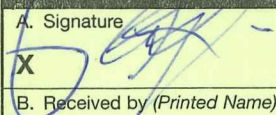
9590 9402 5064 9092 9981 04

2. Article Number (Transfer from service label)

7015 1730 0000 6002 5380

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 3/13/20

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

RECEIVED
 RECORDS MANAGEMENT
 MAR 19 2020
 STATE OF WASH.
 UTIL. & TRANSP. COMMISSION

- 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 |

Domestic Return Receipt