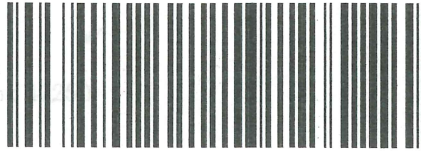


207
713



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

CERTIFIED MAIL®



7015 1730 0000 6002 5847

Tiraogo Simpore
1717 148th Ave. E
Tacoma WA 98445

TV-190298

FIRST CLASS



U.S. POSTAGE PITNEY BOWES



ZIP 98501 \$ 006.80⁰
02 4W
0000354556 JUL 03 2019

wa
2019 JUL 31 AM 11:21
U.S. POST OFFICE
TACOMA WA 98401
COMMUNICATIONS CENTER

NIXIE 980 DE 1 0007/27/19

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC

BC: 985047250 *1526-01078-03-40



TV-190298

7/3/19

Letter RC-LH

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:

Tiraogo Simpore
 1717 148th Ave. E
 Tacoma WA 98445



9590 9402 3786 8032 3152 00

2. Article Number (Transfer from service label)

7015 1730 0000 6002 5847

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X

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

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 |

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

Domestic Return Receipt