

TN-190036

4/29/19

Final Order 02

RC-L#

**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:

WHITE PASS COMMUNITY SERVICE COALITION  
 P.O. BOX 789  
 MORTON WA 98356



9590 9402 3786 8032 1851 93

2. Article Number (Transfer from service label)

7014 3490 0001 5403 7343

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*Douglas H. Hays*

C. Date of Delivery

*5-1-19*

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

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

RECEIVED  
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 MAY -3  
 AM 9:33  
 STATE OF WASHINGTON  
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