


TO-180253 8/13/18 Penalty RC-BJO	
<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	
1. Article Addressed to:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>John Payne Davis Grimm Payne &amp; Marra 701 Fifth Avenue STE 4040 Seattle WA 98104</p> </div>  <p>9590 9403 0883 5223 7605 59</p>	
2. Article Number (Transfer from service label)	
7015 1730 0000 6005 4960	
PS Form 3811, July 2015 PSN 7530-02-000-9053	
<b>COMPLETE THIS SECTION ON DELIVERY</b>	
A. Signature	
<input checked="" type="checkbox"/> <i>L. Dame</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
<i>L. Dame</i>	<i>8/15/18</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
RECEIVED RECORDS MANAGEMENT AUG 20 AM 8:30 STATE OF WASHINGTON POSTAL SERVICE COMMUNICATIONS	
Domestic Return Receipt	