

TV 195772 Letter

10/15/18 CC-PS

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.

A. Signature *[Signature]* 10/22/18
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1. Article Addressed to:

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

Bui, Cuong T.
 7204 Marshall Ave SE #102
 Auburn, WA 98092



9590 9402 3786 8032 1856 67

2. Article Number (Transfer from service label)

7015 1730 0000 6005 4038

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

RECEIVED
 BUSINESS MAIL
 2018 OCT 24 AM 8:14
 STATE OF WASH
 JUDGE AND T
 COMMISS