196-190890 Pen	etty 11/22/19 Le-CN
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X ////// □ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is deliver, abdress different from ten 17 / Yes / If YES, enter delivery address below: No RECORDS MANAGEMENT
	DEC 0 9 2019
Johnson Brothers Landscaping PO Box	STATE OF WASH.
Tenino WA 98589	UTIL. & TRANSP. COMMISSION
9590 9402 5064 9092 9987 08	3. Service Type
2. Article Number (Transfer from service label)	☐ Insured Mail ☐ Signature Confirmation
7015 1730 0000 6002 6639	☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt