	7
TG-190895 Penal	ty 11/7/19 RE-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 O 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
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	RECORDS MANAGEMENT
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Waste Management of Washington, Inc.	NOV 2 1 2019
720 4th Avenue STE 400 Kirkland WA 98033-8136	STATE OF WASH
	3. Servide Type. & TRANSP. COMMUNICATION BROWN B
9590 9402 5064 9092 9985 17	☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted ☐ Delivery ☐ Delivery
	☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
2. Article Number (<i>Transfer from service label</i>) 7015 1730 0000 6002 6578	☐ Insured Mail ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt