

TE-191058 Penalty 1/8/20 - M

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:

Assure Ride Non Emergency Medical Transportation Company, LLC
 720 N 10th St A #227
 Renton WA 98057



9590 9402 3786 8032 3167 64

2. Article Number (Transfer from service label)

7016 1370 0000 0967 1617

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 RANDY LAYTON 1/18/20

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

RECEIVED RECORDS MANAGEMENT

JAN 21 2020

STATE OF WASH. UTIL. & TRANSP. COMMISSION

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

Domestic Return Receipt