Complete items 1, 2, and 3.	A. Signature	
■ Print your name and address on the reverse	l x	☐ Agent
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits. Attorney		
1. Article Addressed to: Number of State General	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
PO Box 40100	SEP 28 2018	
Olympia, Wt 98504-0100	OLYMPIA WA 90	
9590 9403 0145 5086 7574 65	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery	riority Mail Express® egistered Mail™ egistered Mail Restricte elivery eturn Receipt for erchandise
2. Article Number (Transfer from service label) 7015 0640 0000 6169 1981	☐ Collect on Delivery Restricted Delivery ☐ Si ☐ Insured Mail ☐ Si	gnature Confirmation™ gnature Confirmation estricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Dome	stic Return Receipt
A Page 2	**************************************	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
Complete items 1, 2, and 3.	A. Signature	
Print your name and address on the reverse	l x	☐ Agent ☐ Addressee
 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. 	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item if YES, enter delivery address below	
Washington State Pept. of Ecologyi Shore lands & Environmental	II 125, enter delivery address belov	5
Shore lands & Environmental		log l
190-160th Ave SE	4	20
	\ &	
Bellevue, WA 98008-5452	3. Service Type	
23/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	☐ Adult Signature ☐ Adult Signature ☐ Restricted Delivery ☐ R	riority Mail Express® egistered Mail™ egistered Mail Restricte
9590 9403 0145 5086 7574 72	☐ Certified Mail®	egistered Mail Restrict elivery eturn Receipt for
	☐ Collect on Delivery M	erchandise ignature Confirmation ^{TI}
2. Article Number (Transfer from service label) 7015 0640 0000 6169 1998	☐ Insured Mail ☐ S	ignature Confirmation estricted Delivery
PS Form 3811, April 2015 PSN 7530-02-000-9053	Dome	stic Return Receipt

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY