

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

**Kimberly Seely, Esquire
Coastline Law Group PLLC
740 N. Stadium Way
Tacoma, WA 98403**

2. Article Number

(Transfer from service label)

7010 1060 0002 0287 7955

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Devi Sorchsen

Agent

Addressee

B. Received by (Printed Name)

Devi Sorchsen

C. Date of Delivery

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**John G. Wolfe, Chief Executive Officer
Port of Tacoma
P.O. Box 1837
Tacoma, WA 98401**

2. Article Number

(Transfer from service label)

7010 1060 0002 0287 7962

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

John G. Wolfe

Agent

Addressee

B. Received by (Printed Name)

John G. Wolfe

C. Date of Delivery

9-2-10

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes