

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)  Agent  
 Addressee

C. Date of Delivery

**Waste Management of Washington, Inc.**  
**Andrew Kenefick**  
**Senior Legal Counsel**  
**720 Fourth Avenue, Suite 400**  
**Kirkland, Washington 98033**

Address different from item 1?  Yes  
 Delivery address below:  No



9590 9403 0670 5183 4807 79

2. Article Number (Transfer from service label)

7015 0640 0001 0952 8002

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Mail Restricted Delivery (00)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery