

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:

HOUYS DELAWARE SERVICES LLC
 14920 72ND AVE W
 LYNNWOOD, WA 98026

2. Article Number

(Transfer from service label)

7012 0470 0001 0017 0732

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

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

UNITED STATES POSTAL SERVICE

SANTA CLARITA CA 913

19 JAN 2023 PM 4 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

Snohomish County Council
Attn: Elena Lao
3000 Rockefeller Ave M/S 609
Everett, WA 98201

