

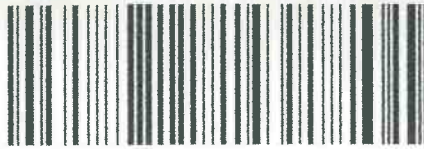


Snohomish County

County Council

M/S # 609
3000 Rockefeller Avenue
Everett, WA 98201-4046

CERTIFIED MAIL™



7011 3500 0003 1967 0704

Miles D. Savage, Jr.
3019 168th Ave Ne
Bellevue, WA 98008

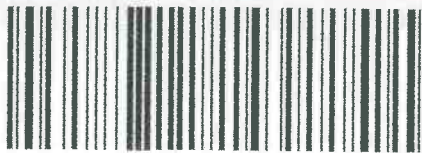


Snohomish County

County Council

M/S # 609
3000 Rockefeller Avenue
Everett, WA 98201-4046

CERTIFIED MAIL™



7011 3500 0003 1967 0711

Lindsay Savage
261 SE Craig RD #11
Shelton, WA 98584

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

MILES D. SAVAGE, JR.
3019 168th AVE NE
BELLEVUE, WA 98008

2. Article Number
(Transfer from service label)

7011 3500 0003 1967 0704

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. 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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

LINDSAY SAVAGE
261 SE CRAIG RD #11
SHELTON, WA 98584

2. Article Number
(Transfer from service label)

7011 3500 0003 1967 0711

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. 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

SENDER: COMPLETE THIS SECTION

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 3019 168th AVE NE
 BELLEVUE, WA 98008

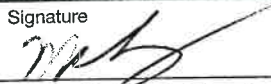
2. Article Number
(Transfer from service label)

7011 3500 0003 1967 0704

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



- Agent
 Addressee

B. Received by (Printed Name)

Miles Savage

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
 SEATTLE WA 9800

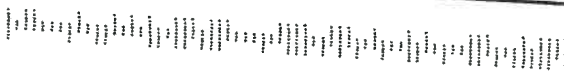
12 OCT 2021 PM 4 L



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



SNOHOMISH COUNTY COUNCIL
 RECEIVED _____ TIME _____

OCT 15 2021

CC'D TO _____ CF _____
 JLM _____ DIST 1 _____ GOT _____
 JDG _____ DIST 2 _____ DLE _____
 YSW _____ DIST 3 _____ ALC _____
 HCB _____ DIST 4 _____ ELL _____
 NAG _____ DIST 5 _____ CMF _____



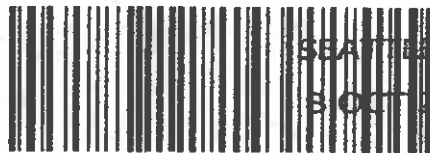
Snohomish County

County Council

M/S # 609

3000 Rockefeller Avenue
Everett, WA 98201-4046

CERTIFIED MAIL™



SEATTLE WA 980

3 OCT 2021 PM 3 L

neopost
10/06/2021

FIRST-CLASS MAIL

US POSTAGE \$007.33



ZIP 98201
041M12251753

7011 3500 0003 1967 0716 SNOHOMISH COUNTY COUNCIL

RECEIVED _____ TIME _____

NOV 03 2021

DL
10/12

Lindsay Savage
261 SE Craig RD #11
Shelton, WA 98584

| | | |
|-----------|--------------|-----------|
| CC'D TO | CF _____ | |
| JLM _____ | DIST 1 _____ | GOT _____ |
| JDG _____ | DIST 2 _____ | DLE _____ |
| YSW _____ | DIST 3 _____ | ALC _____ |
| HCB _____ | DIST 4 _____ | ELL _____ |
| NAG _____ | DIST 5 _____ | CMF _____ |

NIXIE 980 DE 1 0011/01/21

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC
98584 98201-4060 1

BC: 98201406099 *1926-03900-08-45

