

7012 0470 0001 0017 1524

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICE [Redacted]

Postage	\$	quadiant
Certified Fee		REDATE
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		05/21/2026 ZIP 98201 043M32206200
Total Postage & Fees	\$	

US POSTAGE

Sent To **JOHN CASE**

Street, Apt. No., or PO Box No. **16611 JORDAN ROAD**

City, State, ZIP+4 **ARLINGTON, WA 98223**

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:
JOHN CASE
16611 JORDAN ROAD
ARLINGTON, WA 98223



9590 9402 9343 5002 0970 51

2. Article Number (Transfer from service label)
7012 0470 0001 0017 1524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) **John Case** C. Date of Delivery **5/27/26**

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

7012 0470 0001 0017 1500

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Restricted Delivery Fee (Endorsement Required)		05/21/2026 ZIP 98201 043M32206200
Total Postage & Fees	\$	

US POSTAGE

Sent To **KINNON WILLIAMS, CRE**

Street, Apt. No., or PO Box No. **1111 3RD AVE, STE 3000**


City, State, ZIP+4 **SEATTLE, WA 98101**

PS Form 3800, August 2006 See Reverse for Instructions

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.

1. Article Addressed to:
KINNON W. WILLIAMS, CRE
1111 THIRD AVENUE
SUITE 3000
SEATTLE, WA 98101



9590 9402 6748 1074 0680 36

2. Article Number (Transfer from service label)
7012 0470 0001 0017 1500

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) **Kolleen Malley** C. Date of Delivery **5/26/26**

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

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

MAY 26 2026

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt