

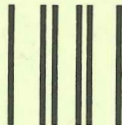


| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>   | <b>A. Signature</b><br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |   |
| <b>1. Article Addressed to:</b><br><br>Tax Parcel 1125059<br>Lake Sammamish P... dmond, LLC<br>Francis Connelly<br>C/O Thomas Davenport - Beyers Costin Simon<br>200 Fourth Street, Suite 400<br>Santa Rosa, CA 95401  | <b>B. Received by (Printed Name)</b>   | <b>C. Date of Delivery</b>                          |
| <br>9590 9402 4992 9063 8683 03  | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |   |
| <b>2. Article Number (Transfer from service label)</b><br>7019 0140 0000 9935 0387   | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input checked="" type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |
| <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input checked="" type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |  | <b>PS Form 3811, July 2015 PSN 7530-02-000-9053</b> |
|  |  | <b>Domestic Return Receipt</b>                      |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |                                |
|--|--|--------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>   | <b>A. Signature</b><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                |
| <b>1. Article Addressed to:</b><br><br>C/O Legal Counsel -<br>John De Lanoy<br>Pacifica Law Group<br>1191 2 <sup>nd</sup> Avenue, Suite 2000<br>Seattle, WA 98101-3404   | <b>B. Received by (Printed Name)</b>   | <b>C. Date of Delivery</b>     |
| <br>9590 9402 4992 9063 8682 80  | JB CIA RTA   | 8/19/20                        |
| <b>2. Article Number (Transfer from service label)</b><br>7019 0140 0000 9935 0400   | <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                |
| <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input checked="" type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input checked="" type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |                                |
| <b>PS Form 3811, July 2015 PSN 7530-02-000-9053</b>  |  | <b>Domestic Return Receipt</b> |

USPS TRACKING#



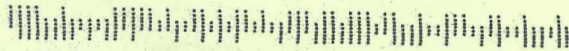
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 4992 9063 8683 03

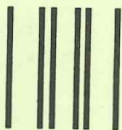
United States  
Postal Service

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

Clerk of the Council  
Metropolitan King County Council  
516 Third Avenue  
Room 1200  
Seattle, WA 98104



USPS TRACKING#



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

9590 9402 4992 9063 8682 80

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