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COMMISSION

## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. □-Agent ■ Print your name and address on the reverse ☐ Addressee Koseman so that we can return the card to you. C. Date of Delivery B. Received by (P) inted W Attach this card to the back of the mailpiece, 10-03-22 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No or on the front if space permits. 1. Article Addressed to: Docket 20220093-TX DNs 02903-2022, 03444-2022 MS. LIANE RULIFSON GIGAPOWER, LLC. 7277 164TH AVE NE REDMOND, WA 98052 3. Service Type ☐ Adult Signature ☐ Priority Mail Express®☐ Registered Mail™ ☐ Registered Mall Restricted Delivery ☐ Signature Confirmation™ ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery 9590 9402 6460 0346 1559 12 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail Restricted Delivery (over \$500) 7020 2450 0001 8211 4944 Domestic Return Receipt PS Form 3811, July 2020 PSN 7530-02-000-9053