

**SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON**

TRISHA DIANE TREMBULAK,
Plaintiff,
vs.
WILLIAM ROY McMULLEN, JR.,
Defendant,
STATE OF WASHINGTON, DEPT. OF
TRANSPORTATION,
Garnishee.

NO. 22-3-00070-34

**Certification of Mailing
(Garnishment)
(CRML)**

The undersigned STATES that:

- 1.1 I am a citizen of the State of Washington, I am over the age of 18 years, and I am not a party to this action.
- 1.2 On November 4, 2022 at 12:00 pm at Olympia, Washington, I mailed to defendant William Roy McMullen, Jr. at:

William Roy McMullen, Jr.
448 Volesky Drive SE
Rainier, WA 98576

by postage prepaid certified mail, return receipt requested or electronic return receipt delivery confirmation requested, the following document(s):

Writ of Garnishment for Continuing lien on Earnings;
Judgment Creditor's writ application;
Notice of Garnishment and of Your Rights; and
Exemption Claim.

The return receipt (green card), or the certified envelope if unclaimed or undeliverable, or electronic return receipt delivery confirmation is attached to this certification.

1.3 On November 4, 2022 at 12:00 pm at Olympia, Washington, I mailed to garnishee State of Washington, Dept. of Transportation at:

State of Washington
Attorney General – Garnishments
PO Box 40100
Olympia, WA 98504-0100

by postage prepaid certified mail, return receipt requested, or electronic return receipt delivery confirmation requested, the following documents:

For Continuing Lien on Earnings:

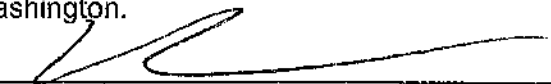
Writ of Garnishment for Continuing Lien on Earnings; and
First Answer to Writ of Garnishment for Continuing Lien on Earnings

The return receipt (green card) or electronic return receipt delivery confirmation is attached to this certification.

I CERTIFY under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated: Nov. 4, 2022 at Olympia, Washington.

Fees:
Service _____
Postage _____
Total _____




Darcie Ross, Paralegal
Lynch Law Offices

Serving the writ of garnishment:

Service of the writ of garnishment (debts other than earnings) is invalid unless the writ is served with an answer form and a check or money order made payable to the garnishee in the amount of twenty dollars (\$20) for the answer fee.

Service of the writ of garnishment for continuing lien on earnings is invalid unless the writ is served with an answer form.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>State of Washington Attorney General – Garnishments PO Box 40100 Olympia, WA 98504-0100</p>  <p>9590 9402 4461 8248 2248 47</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 3490 0001 7978 3638</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9059 Domestic Return Receipt</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>William Roy McMullen, Jr. 448 Volesky Drive SE Rainier, WA 98576</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from) 7014 3490 0001 7978 3645</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>