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#### FOOD WORKER CARD RECEIPT

Issued to : MICHEAL EDDINGS




On : 10/17/2025

Food Worker Card ID : 1187M351B9001E27

Credit Card Approval Number : 1

Amount : \$10.00

\* This transaction will be billed by WA Food Worker Card on your credit or debit card statement.

 <b>SNOHOMISH COUNTY</b> HEALTH DEPARTMENT		
<b>Washington State Food Worker Card</b>		
(signature)		
<b>MICHEAL EDDINGS</b>		
 <b>Health Officer</b> <small>Snohomish County Health Department</small>	Valid from	
	10/17/2025 to 10/17/2027	
	<b>1187M351B9001E27</b>	

