

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
Michelle Cornett
Oregon Scientific, Inc.
5 Centerpointe Drive, Suite 400
Lake Oswego, Oregon 97035



9590 9402 2525 6306 9936 91

2. Article Number (Transfer from carrier label)

7016 2070 0000 6795 7012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

K. MARQUETTE

- Agent
- Addressee

B. Received by (Printed Name)

K. MARQUETTE

C. Date of Delivery

3-16

- Address different from item 1? Yes
- Delivery address below: No

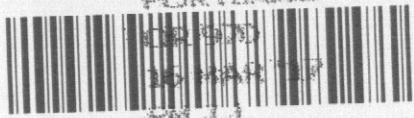
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- In Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



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

9590 9402 2525 6306 9936 91

United States
Postal Service

Teresa Young
Regional Hearing Clerk
EPA Region 10
1200 6th Ave. Suite 900, M/S ORC113
Seattle, WA 98101

FIFRA - 10-2017-0033

