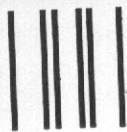


USPS TRACKING#



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

RECEIVED
United States
Postal Service
APR 6 2017
U.S. EPA REGION 10
Office of Regional Operations

9590 9402 2525 6306 9939 36

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

RCRA-10-2017-0053



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. Article Number (Transfer from service label) **9513**

Mr. Paul Mitchell
Alaska Regional Hospital
2801 DeBarr Road
Anchorage, Alaska



9590 9402 2525 6306 9939 36

2. Article Number (Transfer from service label) **7016 2710 0000 2871 9537**

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Ryan

Agent

Addressee

C. Date of Delivery

4/3

Is this address different from item 1? Yes
address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt