

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

Alicia Almazan
219 Third Street
P.O. Box 687
Wilder, ID 83676




9590 9402 2525 6306 9842 79

2 Article Number (Transfer from service label)

7016 2070 0000 6796 1286

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Chelsie Johnson  Agent

Addressee

B. Received by (Printed Name)

Chelsie Johnson

C. Date of Delivery

9/20/17

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

all Restricted Delivery

Domestic Return Receipt

USPS TRACKING #

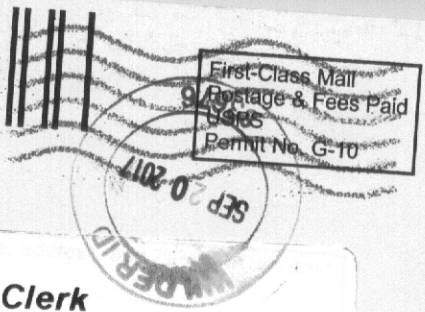


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United States
Postal Service

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

CWA-10-2017-0132



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

