

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.

Article Addressed to:

Mr. Mike Sessie
Program Manager/Administrator
Tulalip Utilities Authority
3015 Mission Beach Road
Tulalip, Washington 98271

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

SEP 19/24

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 1680 0000 5220 3704

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

SEATTLE WA 980

18 SEP 2024 PM 2 L

First-Class Mail

Postage & Fees Paid

USPS

Permit No. G-10

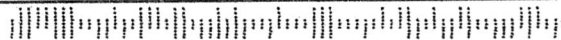
• Sender: Please print your name, address, and ZIP+4 in this box •

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EAB U.S. EPA
WJC-E., Bldg. 1103M
1200 Penn. Ave., NW
Washington, D.C. 20400

FCL-DE88-111



20480--



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Article Addressed to:

Beverly Li
Regional Counsel
U.S. EPA Region 10
100 Sixth Avenue, Suite 155
Seattle, WA 98101

A. Signature

[Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

CL

C. Date of Delivery

9/18/24

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 1680 0000 5220 3698

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

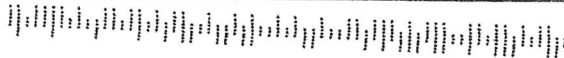
SEATTLE WA 980

18 SEP 2024 PM 2 L

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• Sender: Please print your name, address, and ZIP+4 in t

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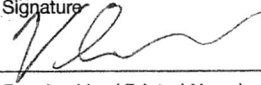
SEP 27 2024

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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.

Article Addressed to:

James N. Saul (OSB #152800)
5112 S Scenic Law Center
3519 NE 15th Ave., #207
Portland, OR 97212

A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
B. Received by (Printed Name) Nova	C. Date of Delivery 9-18-24
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7003 1680 0000 5220 3667

Form 3811, February 2004

Domestic Return Receipt

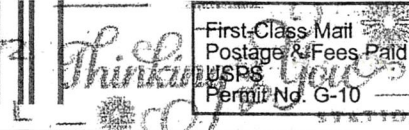
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UNITED STATES POSTAL SERVICE

PORTLAND OR 972

18 SEP 2024

PM 2



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Article Addressed to:

Casey Sixkiller
Regional Administrator
U.S. EPA Region 10
200 Sixth Avenue, Suite 155
Seattle, WA 98101

A. Signature

[Signature]

☒ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

9/18/24

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7003 1680 0000 5220 3681

3 Form 3811, February 2004

Domestic Return Receipt

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UNITED STATES POSTAL SERVICE

SEATTLE WA 98101

18 SEP 2024 PM 3 L



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USPS
Permit No. G-10

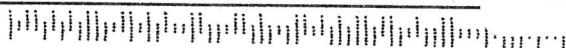
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