

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Bert Osborn  
PO Box 158  
Payette, ID 83661

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Susie Kropp*  Agent  Addressee

B. Received By (Printed Name) *Susie Kropp* C. Date of Delivery *6-27-11*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

*JUN 29 PM 2:18*  
**HEARINGS CLERK  
EPA -- REGION 10**

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

<sup>2</sup> 7010 1060 0002 0288 1877 CWA-10-11-0041