

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:

David Anderson, Mayor
 City of Bonners Ferry
 7232 Main Street
 P.O. Box 149
 Bonners Ferry, ID 83805

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jean Paul

- Agent
- Addressee

B. Received by (Printed Name)

Scane E. Die

C. Date of Delivery

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

10 DEC 27 AM 10:10
 HEARINGS CLERK
 EPA -- REGION 10
 ID 83805

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7010 1060 0002 0288 3277

CWA: 10-11-0001