

**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:

**Beatriz Shanahan**  
**Argent Chemical Laboratories, Inc.**  
**8702 152nd Avenue NE**  
**Redmond, WA 98052**

Return to Regional Hearing Clerk, ORC-158

Doc. # F1 FRA-10-2004-0073

2. Article Number (Copy from service label)

7000 0600 0027 0473 3270

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>Mary Hansen</i>	B. Date of Delivery <i>5/5/04</i>
C. Signature <i>Mary Hansen</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
<input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

04 MAY -7 PM 12:52  
 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

**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.

**Eliot Lieberman**  
**Argent Chemical Laboratories, Inc.**  
**8702 152nd Avenue NE**  
**Redmond, WA 98052**

Return to Regional Hearing Clerk, ORC-158

Doc. #

2. Article Number (Copy from service label)

7000 0600 0027 0473 3263

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>Mary Hansen</i>	B. Date of Delivery <i>5/5/04</i>
C. Signature <i>Mary Hansen</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
<input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

04 MAY -7 PM 12:52  
 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

**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.

**Eliot Lieberman**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>Mary Hansen</i>	B. Date of Delivery <i>5/5/04</i>
C. Signature <i>Mary Hansen</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
<input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

04 MAY -7 PM 12:52  
 HEARINGS CLERK  
 EPA -- REGION 10