

**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:

Pasco Processing, LLC  
 Craig Bolt, Plant Manager  
 5815 Industrial Way  
 Pasco, WA 99301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

Received by (Printed Name)  
 Chris Ricard

C. Date of Delivery  
 2/28/10 LM

RECEIVED  
 10 FEB 24 PM 11:44  
 HEARINGS CLERK  
 EPA -- REGION 10

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

7009 0820 0001 6410 4442

CAA 10 10 0010