

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:

Aaron Dierks
 General Manager
 PO Box 696
 518 22nd Street
 Hoquiam, WA 98550

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Sherry Miller

- Agent
- Addressee

B. Received by

Sherry Miller

C. Date of Delivery

1-19-10

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

**HEARINGS CLERK
 EPA -- REGION 10**

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

7009 0820 0001 6410 4503

Aaron Dierks
EPCRA-10-10-0055