

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 10/05/07

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees

Sent To

Street, Apt. No., or PO Box No. Ronald M. Willand
Willand's Tech-Auto
2040 Vista Dr.
P.O. Box 2797
Ferndale, WA 98248

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

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:

Ronald M. Willand
 Willand's Tech-Auto
 2040 Vista Dr.
 P.O. Box 2797
 Ferndale, WA 98248

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Ronald M. Willand B. Date of Delivery 10-16-07

C. Signature Ronald M. Willand Agent Addressee

D. Is delivery address different from item 1? Yes No

Enter delivery address below:
07 OCT 17 AM 11:09
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

7006 0810 0003 8941 3042 TSCA 10-07-0196

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952