

**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:

Jack Golden  
 P.O. Box 64  
 Oysterville, WA. 98641

Return to Regional Hearing Clerk, **ORC-158**

Doc. # **CWA-10-99-0188**

2. Article Number (Copy from service label)

**7 000 10600 0027 10475 0833 || ||**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X** *Jack Golden*  Agent  Addressee

D. Is delivery address different from item?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED  
 08 JUN 99 10:30 AM ID: 35  
 HEARINGS CLERK  
 REGION 10