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:

Unigard Insurance Company
Lane Staples, Facility Manager
15805 NE 24th Street
Bellevue, WA 98008-2409

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) HE[illegible] PADMASAWA
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
10 FEB 19 PM 4:02
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

7009 0820 0001 6410 4398 EPCRA-10-10-0067

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540