

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Charon Zimmer*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
4-20-17

1. Addressee's name and address (If different from item 1?  Yes  
If different, print return address below:  No)

**Mr. Joseph E. O'Meara  
Joseph O' Meara Living Trust  
Killamey West Golf Course, Inc.  
1270 NW 334th Avenue  
Hillsboro, OR 97124**

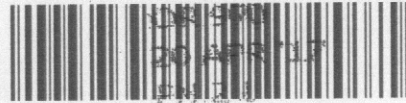


9590 9402 1627 6053 2913 85

Article Number (Transfer from service label)  
7016 2710 0000 2872 0540

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

USPS TRACKING#



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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United States  
Postal Service

***Teresa Young  
Regional Hearing Clerk  
EPA Region 10  
1200 6th Ave. Suite 900, M/S ORC113  
Seattle, WA 98101***

*CWA-10-2017-0042*

